



**CITY GOVERNMENT OF ANTIPOLO**  
**Province of Rizal**

**CITIZEN'S CHARTER**  
**2026 Edition**





Republic of the Philippines  
Province of Rizal  
City Government of Antipolo

## **OFFICE OF THE CITY MAYOR**

### **MESSAGE**

My warmest greetings to my fellow Antipoleños and the dedicated public servants of our city.

Public office is a public trust, and central to that trust is the quality of service we provide to every citizen who walks through the doors of our offices. It is with great pride that I present the updated Antipolo City Citizen's Charter—our comprehensive guide to a more transparent, accountable, and efficient local government.

This charter is more than just a list of procedures; it is our commitment to you. By clearly outlining our services, processing times, and requirements, we are eliminating guesswork and cutting through red tape. Our goal is to ensure that every transaction is handled with professionalism and integrity, reflecting our vision of a future-ready city that values your time and trust.

To our city employees, let this document be your daily reminder of the high standards we must uphold. To our citizens, let this be your tool to demand the excellence you deserve.

As we continue to modernize our systems and streamline our operations, our guiding light remains the same: malasakit. Together, let us work toward a government that is not only faster and smarter but one that truly serves the heart of our community.

Tayo Na!

  
**HON. CASIMIRO A. YNARES III, M.D.**  
City Mayor



Republic of the Philippines  
Province of Rizal  
City Government of Antipolo

## OFFICE OF THE CITY MAYOR

### MESSAGE

Isang mainit na pagbati sa aking mga minamahal na kababayan at sa mga tapat na kawani ng ating pamahalaan.

Ang bisa at galing ng pamahalaan ay nagmumula sa tiwala ng taumbayan. Bahagi ng pag-aalaga sa tiwalang ito ang pagtiyak na ang bawat serbisyong inyong natatanggap ay mabilis, maayos, at higit sa lahat, tapat. Ikinalulugod ko pong ihandog sa inyo ang ating updated na Antipolo City Citizen's Charter.

Ang dokumentong ito ang magsisilbi ninyong gabay para sa isang pamahalaang walang palakasan at walang pasikot-sikot. Dito ay malinaw na nakasaad ang mga hakbang, requirements, at tamang oras ng pagproseso ng inyong mga transaksyon. Layunin nating gawing mas user-friendly ang ating mga tanggapan upang hindi masayang ang inyong pagod at panahon.

Para sa mga kawani ng lungsod, ito ang ating sukatan ng husay at integridad sa serbisyo. Para naman sa publiko, ito po ang inyong basehan upang masigurong kayo ay pinaglilingkuran nang tama at ayon sa batas.

Sa bawat hakbang sa ating pag-unlad, ang kapakanan ng bawat Antipoleño ang lagi nating uunahin. Patuloy tayong magtulungan upang ang ating lungsod ay manatiling huwaran ng mabuting pamamahala na may tunay na malasakit.

Tayo Na!

**HON. CASIMIRO A. YNARES III, M.D.**  
City Mayor





### **Mandate:**

The City Government of Antipolo, consisting of sixteen (16) urbanized and developed barangays, serves as the general-purpose government for the coordination and delivery of basic, regular, and direct services and effective governance of the inhabitants within its territorial jurisdiction.

The City is mandated under Republic Act No. 8508, otherwise known as the Charter of the City of Antipolo, to provide the basic services and facilities under Section 17 of the Local Government Code of 1991.

### **Vision:**

“A preferred destination at the center of CALABARZON’s eastern growth corridor, with a God-centered, empowered, and socially responsible citizenry living in a safe, healthy, sustainably-managed, and resilient environment having a globally competitive and progressive economy under an efficient, effective, responsive, and transparent leadership that builds and nurtures mutual trust and confidence with the people”

### **Mission:**

An efficient and transparent local government that is committed to the attainment of its vision and goals through:

The creation of a favorable climate for local and foreign investors and tourists to ensure access to decent or quality job employment opportunities and steady revenue generation;

The protection, maintenance, and rehabilitation of the physical environment;

The maximum utilization of Antipolo’s competitive advantages;

The development of a respectful, disciplined, active, caring, and happy citizenry.



## **Service Pledge:**

We, the city officials and employees of the City Government of Antipolo, are committed to serve our clientele and the people of the Pilgrimage Capital of the Philippines by providing them God-centered, customer-oriented and efficiency-driven public service with the highest degree of excellence and professionalism.

With justness, sincerity and impartiality, we shall extend prompt, courteous, and adequate service to the public, Mondays to Fridays, 8 AM to 5 PM, No Noon Break, and 24/7 for selected services. As part of our commitment to public interest, we shall go above and beyond the call of duty especially in emergency cases.

We shall uphold responsiveness to the public by providing information of our policies and procedures in clear and understandable language and accessible through our website [www.antipolo.ph](http://www.antipolo.ph).

We shall value every citizen's needs especially those of the differently-abled, pregnant women and senior citizens and attend to their comments and suggestions through our Public Assistance and Complaint Desks.

We shall maintain the principle of public accountability, simplify and systematize our policy, rules and procedures, and eradicate red tape with the end in view of fulfilling our mission geared toward the attainment of our vision and goals

We shall uphold at all times the CGA Core Values of *MALASAKIT sa Trabaho, sa*

| <b>LIST OF SERVICES</b>                                                                                                      | <b>Page Number</b> |
|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Business-Related Services</b>                                                                                             | <b>21</b>          |
| <b>ANTIPOLO CITY CULTURE, ARTS AND TOURISM PROMOTIONS OFFICE (AnCCATPO)</b>                                                  | <b>22</b>          |
| External Services                                                                                                            |                    |
| 1 Annual Registration of Tourism Enterprises                                                                                 | 23-25              |
| <b>ANTIPOLO TRADE AND INVESTMENT PROMOTIONS (ANTIPO)</b>                                                                     | <b>26</b>          |
| External Services                                                                                                            |                    |
| 1 Registration and Application for Incentives                                                                                | 27-34              |
| <b>BUSINESS PERMITS &amp; LICENSING OFFICE (BPLO)</b>                                                                        | <b>35</b>          |
| External Services                                                                                                            |                    |
| 2 Issuance of Business Permits and Licenses - New                                                                            | 36-38              |
| 3 Issuance of Business Permits and Licenses - Renewal                                                                        | 39-41              |
| 4 Issuance of Certificate of Business Retirement                                                                             | 42-44              |
| 5 Issuance of Certification/Reply to Request for Business Data and or Related Information                                    | 45-46              |
| 6 Issuance of Mayor's Permit for Posting of Banner, Streamer and Tarpaulin                                                   | 47-48              |
| <b>CITY ASSESSOR'S OFFICE</b>                                                                                                | <b>49</b>          |
| External Services                                                                                                            |                    |
| 1 Issuance of Certified True Copies / Certifications                                                                         | 50-52              |
| 2 Issuance of Declaration of Real Property Value (Tax Declaration) Under New Owner                                           | 53-54              |
| 3 Issuance of Tax Declaration on Newly Discovered Real Property – Building / Machinery                                       | 55-57              |
| 4 Issuance of Tax Declaration on Newly Discovered Real Property – Land                                                       | 58-60              |
| 5 Issuance of Tax Maps                                                                                                       | 61-62              |
| 6 Issuance of Updated Tax Declaration Based on the Result of Segregation/Consolidation/Reclassification of the Real Property | 63-67              |
| 7 Other Services: Annotation of Mortgages, Encumbrances, Court Cases, Adverse Claims, Notice to Levy, Liens, etc             | 68-70              |
| 8 Other Services: Provision of Information to Queries/Verifications                                                          | 71-77              |
| 9 Filing of Complaint                                                                                                        | 78                 |
| <b>CITY ECONOMIC ENTERPRISE OFFICE</b>                                                                                       | <b>79</b>          |
| External Services                                                                                                            |                    |
| 1 Application for Lease of Burial Space                                                                                      | 80-81              |
| 2 Availment of Cremation Services                                                                                            | 82-84              |
| 3 Availment of Funeral Services                                                                                              | 85-86              |
| 4 Availment of Disinterment/Exhumation Services                                                                              | 87-88              |
| 5 Filing of Complaint                                                                                                        | 89                 |
| <b>CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE (CEWMO)</b>                                                                  | <b>90</b>          |
| External Services                                                                                                            |                    |
| 1 Issuance of Environmental Permit to Operate (EPO) and Certificate of Attendance (CA)                                       | 91-92              |
| 2 Issuance of Environmental Permit to Operate (EPO)                                                                          | 93-94              |
| 3 Issuance of Plastic-use Exemption Certificate                                                                              | 95-96              |
| 4 Settlement of Environmental Ticket (EVT) and/or Notice of Violation                                                        | 97-99              |
| 5 Settlement of Ordinance Violation Ticket (OVT) and/or Notice of Violation (NOV)                                            | 100-101            |
| 6 Issuance of Clearance to Cut Trees                                                                                         | 102-103            |
| 7 Issuance of Chainsaw Clearance                                                                                             | 104                |
| 8 Issuance of Accreditation to Operate a Material Recovery Facility (MRF)                                                    | 105-106            |
| 9 Issuance of Certifications to Transport Non-Hazardous Solid Waste and to Dump                                              | 107-108            |
| 10 Incoming Letter Requesting Garbage Collection                                                                             | 109-110            |
| 11 Request for Desludging of Government Facilities and Private Homes                                                         | 111-113            |
| 12 Filing of Complaint                                                                                                       | 114-115            |
| <b>CITY HEALTH OFFICE</b>                                                                                                    | <b>116</b>         |
| External Services                                                                                                            |                    |
| 1 Consultation: Free Medical Consultation                                                                                    | 117-120            |
| 2 Dental Check-up and/or Tooth Extraction                                                                                    | 121-122            |

|                                        |                                                                                                                                   |         |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------|
| 3                                      | HIV and STI Testing Services                                                                                                      | 123-125 |
| 4                                      | Issuance of Sanitary Permit                                                                                                       | 126-127 |
| 5                                      | Issuance of Health Certificate / Medical Certificate                                                                              | 128-132 |
| 6                                      | Issuance of Certificate of Water Potability                                                                                       | 133     |
| 7                                      | Issuance of Permits for Burial, Exhumation, Cremation and/or Transfer and Transport of Cadaver                                    | 134-135 |
| 8                                      | Signing of Death Certificates                                                                                                     | 136-137 |
| 9                                      | Treatment of Animal Bite (Imall)                                                                                                  | 138-141 |
| 10                                     | Treatment of Animal Bite (SM Downtown)                                                                                            | 142-145 |
| 11                                     | Tuberculosis Diagnosis and Treatment Services                                                                                     | 146-149 |
| 12                                     | Secondary Clinical Laboratory Services                                                                                            | 150-154 |
| <b>CITY MALL OF ANTIPOLLO</b>          |                                                                                                                                   | 155     |
| External Services                      |                                                                                                                                   |         |
| 1                                      | Application for Lease of vacant Stalls/Booths                                                                                     | 156-158 |
| 2                                      | Consumer Complaint Assistance and Mediation Services                                                                              | 159-160 |
| 3                                      | Issuance of Advertisement Permit                                                                                                  | 161-162 |
| 4                                      | Issuance of Certification to Stallholders for Business Permit and Similar Purposes                                                | 163-164 |
| 5                                      | Issuance of Order of Payment for Delinquent Accounts                                                                              | 165     |
| 6                                      | Issuance of Sales Promo Permit                                                                                                    | 166-167 |
| 7                                      | Issuance of Temporary Vending Permit                                                                                              | 168-169 |
| 8                                      | Issuance of Work Order                                                                                                            | 170     |
| 9                                      | Renewal of Contract of Lease of Market Stalls                                                                                     | 171-172 |
| 10                                     | Surrender of Market Stalls                                                                                                        | 173-174 |
| 11                                     | Filing of Complaint                                                                                                               | 175     |
| <b>CITY PROCUREMENT SERVICE OFFICE</b> |                                                                                                                                   | 176     |
| External Services                      |                                                                                                                                   |         |
| 1                                      | Receiving of Documents from Suppliers and Client Agencies                                                                         | 177     |
| 2                                      | Advertisement of Invitations to Bid / Request for Expression of Interest, and Sale of Bidding Documents                           | 178-179 |
| <b>CITY TREASURER'S OFFICE</b>         |                                                                                                                                   | 180     |
| External Services                      |                                                                                                                                   |         |
| 1                                      | Collection on Real Property Tax                                                                                                   | 181-183 |
| 2                                      | Issuance of Real Property Tax Clearance                                                                                           | 184     |
| 3                                      | Collection of Transfer Tax                                                                                                        | 185-186 |
| 4                                      | Collection of Business Tax                                                                                                        | 187-188 |
| 5                                      | Issuance of Community Tax Certificate (CEDULA)                                                                                    | 189-190 |
| 6                                      | Payment of Contractor's Tax                                                                                                       | 191     |
| 7                                      | Issuance of Real Property Tax Documents (Trace Back / Trace Forward / Certified True Copy of Old Tax Declaration (1993 and Below) | 192-193 |
| 8                                      | Issuance of Reprinted Copy of Official Receipt/ Certified Photocopy                                                               | 194-195 |
| 9                                      | Payment of Market Fees and Charges and Ambulant Vending Fees                                                                      | 196-198 |
| 10                                     | Payment of Parking Fees                                                                                                           | 199     |
| 11                                     | Payment of Professional Tax                                                                                                       | 200     |
| 12                                     | Sealing and Licensing of Weights and Measures                                                                                     | 201-202 |
| 13                                     | Sealing of Metric Measure                                                                                                         | 203-204 |
| 14                                     | Collection on Slaughter House                                                                                                     | 205-206 |
| 15                                     | Fees and Charges: Hospital Fees                                                                                                   | 207     |
| 16                                     | Fees and Charges: Sanitation and Health Certificate                                                                               | 208     |
| 17                                     | Fees and Charges: Office of Public Safety and Security                                                                            | 209     |
| 18                                     | Payment of Mayor's Permit                                                                                                         | 210     |
| 19                                     | Payment of Civil Registry Fees                                                                                                    | 211     |
| 20                                     | Payment of Secretary's Fees (Certification and other copies of any official documents)                                            | 212     |
| 21                                     | Collection on Rental Fees: Global Titans/Planet Drugstore                                                                         | 213     |

|    |                                                                                                                      |         |
|----|----------------------------------------------------------------------------------------------------------------------|---------|
| 22 | Fees and Charges: City Environment and Waste Management Office                                                       | 214     |
| 23 | Fees and Charges: Building and Other Construction Permit Fees                                                        | 215     |
| 24 | Fees and Charges: Excavation Permit Fees                                                                             | 216     |
| 25 | Payment of City's Obligation: Check Payments                                                                         | 217     |
| 26 | Payment of City's Obligation: Cash Payments                                                                          | 218     |
| 27 | Public Auction Sale of Delinquent Properties                                                                         | 219-221 |
| 28 | Filing of Complaints                                                                                                 | 222     |
|    | <b>CITY VETERINARY OFFICE</b>                                                                                        | 223     |
|    | External Services                                                                                                    |         |
| 1  | Issuance of Veterinary Health Certificate (VHC) for Local Transport of Live Animals, Animal Products and By-Products | 224-226 |
|    | <b>OFFICE OF THE BUILDING OFFICIAL (OBO)</b>                                                                         | 227     |
|    | External Services                                                                                                    |         |
| 1  | Issuance of Building and Ancillary Permits                                                                           | 228-242 |
| 2  | Issuance of Building Permit Together with Certificate of Occupancy for Legalization of Existing Structure/s          | 243-247 |
| 3  | Issuance of Certificate of Annual Inspection                                                                         | 248-251 |
| 4  | Issuance of Certificate of Final Electrical Inspection for Net-Metering                                              | 252-253 |
| 5  | Issuance of Certificate of Installation of Earthquake Recording Instrumentation (ERI)                                | 254-256 |
| 6  | Issuance of Certificate of Occupancy                                                                                 | 257-264 |
| 7  | Issuance of Certificate of Use (Signage)                                                                             | 265-267 |
| 8  | Issuance of Certification and/or Certified True Copy of Documents on File                                            | 268-270 |
| 9  | Issuance of Demolition Permit                                                                                        | 271-273 |
| 10 | Issuance of Electrical Permit for Net-Metering                                                                       | 274-276 |
| 11 | Issuance of Electronic Permit for Earthquake-Recording Instrumentation (ERI)                                         | 277-279 |
| 12 | Issuance of Excavation and Ground Preparation Permit                                                                 | 280-284 |
| 13 | Issuance of Fencing Permit                                                                                           | 285-288 |
| 14 | Issuance of Mechanical Permit                                                                                        | 289-293 |
| 15 | Issuance of Permit to Operate                                                                                        | 294-296 |
| 16 | Issuance of Scaffolding Permit                                                                                       | 297-299 |
| 17 | Issuance of Sidewalk Construction Permit                                                                             | 300-302 |
| 18 | Issuance of Sign Permit                                                                                              | 303-307 |
| 19 | Issuance of Temporary Sidewalk Enclosure Permit                                                                      | 308-310 |
| 20 | Issuance of Wiring Permit and Certificate of Final Electrical Inspection (CFEI)                                      | 311-315 |
| 21 | Response to Citizen's Complaint                                                                                      | 316-318 |
|    | <b>OFFICE OF THE CITY ENGINEER</b>                                                                                   | 319     |
|    | External Services                                                                                                    |         |
| 1  | Issuance of Excavation and or Pole Permit                                                                            | 320-324 |
| 2  | Issuance of Copy of Building Plan and Other Data                                                                     | 325     |
|    | <b>PUBLIC EMPLOYMENT SERVICE OFFICE (PESO)</b>                                                                       | 326     |
|    | External Services                                                                                                    |         |
| 1  | Issuance of Certification of Accreditation and or Posting of Job Vacancies                                           | 327-328 |
| 2  | Issuance of Job Referral / Letter of Recommendation for Job Applications                                             | 329-330 |
| 3  | Issuance of Mayor's Occupation/Work Permit                                                                           | 331-332 |
| 4  | Job Fair Clearance Facilitation Services                                                                             | 333     |
| 5  | Provision of Assistance to Employers for the Browsing of Applicants                                                  | 334-335 |
| 6  | SPES Facilitation Services                                                                                           | 336     |
| 7  | OFW Help Desk Assistance                                                                                             | 337     |
| 8  | Application for the Special Program for the Employment of Senior Citizens and Person with Disabilities               | 338-339 |
|    | <b>PUBLIC UTILITY VEHICLE TRANSPORT REGULATORY BOARD (PTRB)</b>                                                      | 340     |
|    | External Services                                                                                                    |         |
| 1  | Renewal and Issuance of Motorized Tricycle Operator's Permit (MTOP)                                                  | 341-342 |

|    |                                                                                                                                                                                |            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 2  | Issuance of Identification/Territorial Stickers to Motorized Tricycles for-Hire and the Approved Tricycle Fare Rate                                                            | 343-344    |
| 3  | Issuance of Identification/Territorial Stickers to Public Utility Vehicles                                                                                                     | 345-346    |
| 4  | Issuance of Certification of Dropping                                                                                                                                          | 347-348    |
| 5  | Certification of Active Toda Membership                                                                                                                                        | 349        |
| 6  | Certification of Coding Exemption                                                                                                                                              | 350        |
|    | <b>ZONING ADMINISTRATOR'S OFFICE</b>                                                                                                                                           | 351        |
|    | External Services                                                                                                                                                              |            |
| 1  | Issuance of Building Permit on Application Covered by BP 220                                                                                                                   | 352-355    |
| 2  | Issuance of Certificate of Occupancy (COO) Covered by BP 220                                                                                                                   | 356-358    |
| 3  | Issuance of Certifications                                                                                                                                                     | 359-361    |
| 4  | Issuance of Development Permit                                                                                                                                                 | 362-368    |
| 5  | Issuance of Land Use Reclassification                                                                                                                                          | 369-372    |
| 6  | Issuance of Land Use Reconsideration (LZBAA)                                                                                                                                   | 373-376    |
| 7  | Issuance of Preliminary Approval and Locational Clearance (PALC)                                                                                                               | 377-379    |
| 8  | Issuance of Residential Free Patent                                                                                                                                            | 380-381    |
| 9  | Issuance of Special Use Permit                                                                                                                                                 | 382-286    |
| 10 | Issuance of Survey Permit                                                                                                                                                      | 387-389    |
| 11 | Issuance of Zoning/Locational Clearance                                                                                                                                        | 390-393    |
|    | <b>Non-Business-Related Services</b>                                                                                                                                           | <b>394</b> |
|    | <b>ANTIPOLO CITY ANTI-DRUG ABUSE OFFICE (ACADAO)</b>                                                                                                                           | 395        |
|    | External Services                                                                                                                                                              |            |
| 1  | Endorsement to the Department of Health (DOH) Treatment and Rehabilitation (TRC) Center- Bicutan                                                                               | 396-400    |
| 2  | Handling of Inquiries (Walk-in, Online and Phone)                                                                                                                              | 401-405    |
| 3  | Assessment and Endorsement to Community-Based Rehabilitation Program                                                                                                           | 406-408    |
| 4  | Needs Assessment and Referral                                                                                                                                                  | 409-411    |
| 5  | Anti-Drug Abuse Lectures and Seminars (Walk-in and Online)                                                                                                                     | 412-414    |
| 6  | Counseling Services                                                                                                                                                            | 415-417    |
| 7  | Provision of Assistance to Plea Bargain Agreement (PBA) Grantees                                                                                                               | 418-419    |
|    | Internal Services                                                                                                                                                              | 420        |
| 1  | Handling of Inquiries (Walk-in, Online and Phone)                                                                                                                              | 421-425    |
| 2  | Request for Technical Assistance                                                                                                                                               | 426-429    |
|    | <b>ANTIPOLO CITY CULTURE, ARTS AND TOURISM PROMOTIONS OFFICE (AnCCATPO)</b>                                                                                                    | 430        |
|    | External Services                                                                                                                                                              |            |
| 1  | Annual Registration of Tourism Enterprises                                                                                                                                     | 431-432    |
| 2  | Provision of Materials to Researchers                                                                                                                                          | 433        |
| 3  | Request for City Band Services                                                                                                                                                 | 434        |
| 4  | Request for Tour Guide Services                                                                                                                                                | 435        |
|    | <b>CITY ACCOUNTING OFFICE</b>                                                                                                                                                  | 436        |
|    | External Services                                                                                                                                                              |            |
| 1  | Issuance of Certificate/Summary of Premium Contributions, Loans Payments, Certified Copy of Remittance List and Official Receipts (GSIS, HDMF)) and Certificate of Last Salary | 437-440    |
| 2  | Issuance of Certified Photocopy of Documents for Release of Retention Related to Infrastructure Projects                                                                       | 441        |
| 3  | Processing of Request for Payment of Philhealth Refund                                                                                                                         | 442-444    |
| 4  | Certification Verifying that the Supplier/Contractor has An Existing Contract with the Agency                                                                                  | 445        |
|    | Internal Services                                                                                                                                                              | 446        |
| 1  | Issuance of Certificate of Premium Contributions, and/or Loans Payment                                                                                                         | 447-448    |
|    | <b>CITY ADMINISTRATOR'S OFFICE</b>                                                                                                                                             | 449        |
|    | External Services                                                                                                                                                              |            |
| 1  | Issuance of Certifications                                                                                                                                                     | 450-451    |
| 2  | Issuance of Mayor's Clearance                                                                                                                                                  | 452-453    |

|                                                                    |                                                                                                               |         |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------|
| 3                                                                  | Issuance of Shooting Location Permit (Film-Making)                                                            | 454-455 |
| 4                                                                  | Issuance of Special Permits                                                                                   | 456-457 |
| 5                                                                  | Provision of Free Legal Advice                                                                                | 458-459 |
| 6                                                                  | Provision of Free Notarial Services                                                                           | 460-461 |
| 7                                                                  | Filing of Complaint                                                                                           | 462-463 |
| Internal Services                                                  |                                                                                                               | 464     |
| 1                                                                  | Facilitation of Documents for Signature of the City Administrator                                             | 465     |
| <b>CITY AGRICULTURE OFFICE</b>                                     |                                                                                                               | 466     |
| External Services                                                  |                                                                                                               |         |
| 1                                                                  | Provision of Vegetable Seeds and Seedlings                                                                    | 467-468 |
| 2                                                                  | Application for Tractor Operation Services                                                                    | 469-470 |
| 3                                                                  | Provision of IEC Materials and Agricultural Research Services                                                 | 471-472 |
| 4                                                                  | Provision of Information to Queries                                                                           | 473-475 |
| 5                                                                  | Assistance in Registry System for Basic Sectors in Agriculture (RSBSA) Enrollment                             | 476-477 |
| 6                                                                  | Assistance in Free Crop Insurance Application                                                                 | 478     |
| <b>CITY DISASTER RISK REDUCTION AND MANAGEMENT OFFICE (CDRRMO)</b> |                                                                                                               | 479     |
| External Services                                                  |                                                                                                               |         |
| 1                                                                  | Request For Inspection and Training for Homeowners Association                                                | 480-482 |
| 2                                                                  | Request for Ambulance Services-Medical Assistance / Patient Transfer (Walk-In Online)                         | 483-485 |
| 3                                                                  | Provision of Emergency Medical Services-Rescue Operations For Trauma Cases (Walk-In,Online,and Call-In)       | 486-487 |
| 4                                                                  | Provision of Disaster Risk Reduction and Management Documents / Informational Materials (Walk-In and Online)  | 488-489 |
| 5                                                                  | Provision of Disaster Risk Reduction and Management Training                                                  | 490-491 |
| 6                                                                  | Request for viewing And / Or Copy OF Closed -Circuit Television (CCTV) Footage                                | 492-493 |
| 7                                                                  | Provision of Event Clearance                                                                                  | 494-495 |
| 8                                                                  | Handling of Inquiries ( Walk-In, Online,And Phone)                                                            | 496-500 |
| Internal Services                                                  |                                                                                                               | 501     |
| 1                                                                  | Handling of Inquiries ( Walk-In, Online, and Phone)                                                           | 502-505 |
| 2                                                                  | Provision of Disaster Risk Reduction and Management Documents / Informational Materials ( Walk-I and Online ) | 506-507 |
| 3                                                                  | Provision of Emergency Medical Services-Rescue Operations for Trauma Cases (Walk-In,Online and Call-In)       | 508-509 |
| <b>CITY BUDGET OFFICE</b>                                          |                                                                                                               | 510     |
| External Services                                                  |                                                                                                               |         |
| 1                                                                  | Provision of Technical Assistance in the Review of Barangay and SK Budgets                                    | 511-514 |
| 2                                                                  | Filing of Complaint                                                                                           | 515     |
| Internal Services                                                  |                                                                                                               | 516     |
| 1                                                                  | Processing of Certification on Appropriations,Funds and Obligations of Allotments (CAFOA)                     | 517-519 |
| 2                                                                  | Processing of Request for Appropriate Action by the City Budget Office                                        | 520-521 |
| <b>OFFICE OF THE CITY CIVIL REGISTRAR (CCR)</b>                    |                                                                                                               | 522     |
| External Services                                                  |                                                                                                               |         |
| 1                                                                  | Registration of Birth (Timely)                                                                                | 523-524 |
| 2                                                                  | Registration of Birth (Delayed)                                                                               | 525-527 |
| 3                                                                  | Out-of-Town Registration of Birth                                                                             | 528-531 |
| 4                                                                  | Registration of Persons with No Known Parent/s                                                                | 532-533 |
| 5                                                                  | Registration of Marriage (Timely)                                                                             | 534-535 |
| 6                                                                  | Registration of Marriage (Delayed)                                                                            | 536-538 |
| 7                                                                  | Out-of Town Reporting of Marriage                                                                             | 539-541 |
| 8                                                                  | Registration of Death/Fetal Death (Timely)                                                                    | 542-543 |
| 9                                                                  | Registration of Death/Fetal Death (Delayed)                                                                   | 544-545 |
| 10                                                                 | Application of Marriage License                                                                               | 546-548 |

|                                               |                                                                                                                |         |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------|
| 11                                            | Request for Parental Advise/Consent                                                                            | 549-550 |
| 12                                            | Request for Electronic Endorsement of Currently Registered Civil Registry Document (SECPA)                     | 551-552 |
| 13                                            | Request for Piecemeal Submission/Endorsement of Registered Civil Registry Document (Out-of-Town)               | 553-554 |
| 14                                            | Registration of Caourt Order/Decree                                                                            | 555-559 |
| 15                                            | Registration of Legal Instruments                                                                              | 560-565 |
| 16                                            | Registration of Legal Capacity                                                                                 | 566-567 |
| 17                                            | Registration of Pre-nuptial Agreement                                                                          | 568-569 |
| 18                                            | Registration of Election of Citizenship                                                                        | 570-571 |
| 19                                            | Out of Town Reporting of Legal Instruments                                                                     | 572-577 |
| 20                                            | Issuance of Certified True Transcription Copies (CTTC) of Records of Birth, Marriage and Death                 | 578-579 |
| 21                                            | Endorsement of Registered Document                                                                             | 580-581 |
| 22                                            | Request of Copy of Transmittal of Registered Document                                                          | 582-583 |
| 23                                            | Request for Various Certifications Pertaining to Status of Records                                             | 584-585 |
| 24                                            | Philippine Statistics Authority (PSA) - Issued Documents Through Batch Request Entry System (BREQS)            | 586-587 |
| 25                                            | Filing of Petitions for Correction of Clerical Error or Change of First Name                                   | 588-592 |
| <b>CITY COOPERATIVE AND LIVELIHOOD OFFICE</b> |                                                                                                                | 593     |
| External Services                             |                                                                                                                |         |
| 1                                             | Application for Free Skills and Livelihood Training                                                            | 594-596 |
| 2                                             | Provision of Assistance to TVET Training Applicants                                                            | 597     |
| 3                                             | Availment of Cooperative Technical Assistance (By Request)                                                     | 598     |
| 4                                             | Availment of Cooperative Technical Assistance (Walk-in)                                                        | 599     |
| 5                                             | Availing of Cooperative Orienation in Organizing/Establishing Cooperatives                                     | 600-601 |
| 6                                             | Issuance of Endorsement Letter to Registered Cooperatives for Tax Exemption Purpose / Business Permit Purposes | 602     |
| 7                                             | Mobile Salon Services for Students                                                                             | 603-604 |
| 8                                             | Filing of Complaint                                                                                            | 605     |
| <b>CITY GENERAL SERVICES OFFICE (CGSO)</b>    |                                                                                                                | 606     |
| External Services                             |                                                                                                                |         |
| 1                                             | Declogging of Canals                                                                                           | 607-608 |
| 2                                             | Disinfection Services                                                                                          | 609     |
| 3                                             | Grass-cutting Services                                                                                         | 610-611 |
| 4                                             | Hauling / Transportation Services                                                                              | 612     |
| 5                                             | Provision of Furniture and Equipment such as Tents, Stage, Tables, Chairs, Backdrop Frames, etc.               | 613     |
| 6                                             | Pruning Services / Trimming of Trees                                                                           | 614-615 |
| Internal Services                             |                                                                                                                | 616     |
| 1                                             | Major Fabrication, Installation, Repair, Replacement and Maintenance Services                                  | 617-618 |
| 2                                             | Minor Fabrication, Installation, Repair, Replacement and Maintenance Services                                  | 619-620 |
| 3                                             | Pre-Disposal Activities (Valueless Records)                                                                    | 621-622 |
| 4                                             | Repair and Maintenance of City Government Owned Vehicles                                                       | 623-625 |
| 5                                             | Storage of Inactive Records                                                                                    | 626-627 |
| <b>CITY HALL ANNEX I (Mayamot)</b>            |                                                                                                                | 628     |
| External Services                             |                                                                                                                |         |
| 1                                             | Free Dental Check-up and Tooth Extraction Services                                                             | 629     |
| 2                                             | Free Immunization Services                                                                                     | 630     |
| 3                                             | Free Maternal Care Services                                                                                    | 631     |
| 4                                             | Free Medical Consultation Services                                                                             | 632     |
| 5                                             | Issuance of Community Tax Certificate (CTC) / Cedula                                                           | 633-634 |
| 6                                             | Real Property Tax Payment                                                                                      | 635     |
| 7                                             | Professional Tax Receipt/Occupational Tax Permit Payment                                                       | 636     |



|                                                        |                                                                                                  |         |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------|
| 8                                                      | Burial Permit Payment                                                                            | 637     |
| 9                                                      | Laboratory Payments                                                                              | 638     |
| 10                                                     | Issuance of ID Card and or Purchase Booklet to Persons with Disability (PWD)                     | 639-640 |
| 11                                                     | Issuance of Senior Citizen's ID Card and or Purchase Booklet                                     | 641-642 |
| 12                                                     | Issuance of Solo Parent ID/Certification                                                         | 643-644 |
| 13                                                     | Implementation of the Expanded Centenarian Act of 2024 (RA 11982)                                | 645-646 |
| 14                                                     | Issuance of Birthday Cake Voucher for Senior Citizen                                             | 647     |
| 15                                                     | Mayor's Help Desk - Application for Availment of AICS                                            | 648     |
| 16                                                     | Burial Assistance/Cremation/Old Niche                                                            | 649     |
| 17                                                     | Medical Assistance in the Form of Cash                                                           | 650-651 |
| 18                                                     | Medical Assistance in the Form of Guarantee Letter                                               | 652     |
| 19                                                     | Registration of Birth (Timely)                                                                   | 653-654 |
| 20                                                     | Registration of Birth (Delayed)                                                                  | 655-656 |
| 21                                                     | Registration of Death (Timely)                                                                   | 657     |
| 22                                                     | Registration of Death (Delayed)                                                                  | 658-659 |
| 23                                                     | Provision of Information to Queries                                                              | 660     |
| <b>CITY HALL ANNEX II (Pinugay)</b>                    |                                                                                                  | 661     |
| External Services                                      |                                                                                                  |         |
| 1                                                      | Free Dental Check-up and Tooth Extraction Services                                               | 662     |
| 2                                                      | Free Immunization Services                                                                       | 663     |
| 3                                                      | Free Maternal Care Services                                                                      | 664     |
| 4                                                      | Free Medical Consultation Services                                                               | 665     |
| 5                                                      | Issuance of Community Tax Certificate (CTC) / Cedula                                             | 666-667 |
| 6                                                      | Issuance of ID Card and or Purchase Booklet to Persons with Disability (PWD)                     | 668-669 |
| 7                                                      | Issuance of Senior Citizen's ID Card and or Purchase Booklet                                     | 670-671 |
| 8                                                      | Issuance of Solo Parent ID Card / Certification                                                  | 672-673 |
| 9                                                      | Implementation of the Expanded Centenarian Act of 2024 (RA 11982)                                | 674-675 |
| 10                                                     | Issuance of Birthday Cake Voucher for Senior Citizen                                             | 676     |
| 11                                                     | Mayor's Help Desk - Application for Availment of AICS                                            | 677     |
| 12                                                     | Burial Assistance/Cremation/Old Niche                                                            | 678     |
| 13                                                     | Medical Assistance in the Form of Cash                                                           | 679-680 |
| 14                                                     | Medical Assistance in the Form of Guarantee Letter                                               | 681     |
| 15                                                     | Registration of Birth (Timely)                                                                   | 682-683 |
| 16                                                     | Registration of Birth (Delayed)                                                                  | 684-685 |
| 17                                                     | Registration of Death (Timely)                                                                   | 686     |
| 18                                                     | Registration of Death (Delayed)                                                                  | 687-688 |
| 19                                                     | Provision of Information to Queries                                                              | 689     |
| <b>CITY HALL ANNEX IV (Buhanginan, Brgy. San Jose)</b> |                                                                                                  | 690     |
| External Services                                      |                                                                                                  |         |
| 1                                                      | Blood Pressure Monitoring                                                                        | 691     |
| 2                                                      | Free Medical Consultation Services                                                               | 692     |
| 3                                                      | Free Dental Check-up and Tooth Extraction Services                                               | 693     |
| 4                                                      | Free Nebulization                                                                                | 694     |
| 5                                                      | Provision of Free Medicines For Tuberculosis Patients                                            | 695     |
| 6                                                      | Provision of Furniture and Equipment such as Tents, Stage, Tables, Chairs, Backdrop Frames, etc. | 696     |
| 7                                                      | Provision of Information to Queries                                                              | 697     |
| 8                                                      | Use of Facilities and Amenities at City Hall Annex IV                                            | 698     |
| <b>CITY HUMAN RESOURCE DEVELOPMENT OFFICE (CHRDO)</b>  |                                                                                                  | 699     |
| External Services                                      |                                                                                                  |         |
| 1                                                      | Application for Employment in the City Government                                                | 700-702 |
| 2                                                      | Application for GSIS Separation/Retirement Benefits                                              | 703-704 |

|                                                           |                                                                                                                                      |         |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------|
| 3                                                         | Application for Terminal Leave Benefits                                                                                              | 705-706 |
| 4                                                         | On-the-Job Training and/or Immersion Referral                                                                                        | 707-708 |
| 5                                                         | Issuance of Certificate of Completion to OJT/Immersion                                                                               | 709     |
| 6                                                         | Issuance of Certificate of Employment and Service Record                                                                             | 710-711 |
| 7                                                         | Issuance of Certified True Copies of Appointment                                                                                     | 712-713 |
| 8                                                         | Issuance of Clearance from Money, Property and Work Accountability                                                                   | 714-715 |
| 9                                                         | Procedure for Filing Complaints                                                                                                      | 716-717 |
| 10                                                        | Issuance of Certification and Certified True Copies of Personnel Records for Filing of Civil Service Eligibility Preference Rating   | 718-719 |
| Internal Services                                         |                                                                                                                                      | 720     |
| 1                                                         | Application for Leave                                                                                                                | 721-722 |
| 2                                                         | Application for Monetization of Leave Credits of Punong Barangay                                                                     | 723-724 |
| 3                                                         | Issuance of Authority to Attend Seminar/Training                                                                                     | 725     |
| 4                                                         | Issuance of authority to Travel Abroad                                                                                               | 726-727 |
| 5                                                         | Issuance of Payslip                                                                                                                  | 728-729 |
| 6                                                         | Issuance of Certificate of Employment and Service Record                                                                             | 730-731 |
| 7                                                         | Issuance of Certified True Copies of Appointment                                                                                     | 732-733 |
| 8                                                         | Issuance of Clearance from Money, Property and Work Accountability                                                                   | 734-735 |
| 9                                                         | Request for Extension of Service (Retirement/15 Years for GSIS)                                                                      | 736-737 |
| 10                                                        | Application for Veterans Loan                                                                                                        | 738-739 |
| 11                                                        | Processing of GSIS and Pag-ibig Loan Applications                                                                                    | 740-743 |
| 12                                                        | Request for Copy of Individual Performance Commitment and Review (IPCR)/Performance Evaluation Rating                                | 744     |
| 13                                                        | Issuance of Certification and Certified True Copies of Personnel Records for Filing of Civil Service Eligibility Preference Rating   | 745-746 |
| 14                                                        | Filing of Leave via HR Lite System                                                                                                   | 747-748 |
| <b>CITY PLANNING AND DEVELOPMENT OFFICE (CPDO)</b>        |                                                                                                                                      | 749     |
| External Services                                         |                                                                                                                                      |         |
| 1                                                         | Countersigning of Certification for MERALCO                                                                                          | 750     |
| 2                                                         | Issuance of Certification to Homeowners Associations (HOAs) for BIR Tax Exemption Purposes                                           | 751-752 |
| 3                                                         | Processing of Application for Deed of Conveyance and Transfer of Ownership                                                           | 753-756 |
| 4                                                         | Provision of Assistance to Researchers                                                                                               | 757-758 |
| <b>CITY PROCUREMENT SERVICE OFFICE</b>                    |                                                                                                                                      | 759     |
| Internal Services                                         |                                                                                                                                      |         |
| 1                                                         | Request for Service Vehicles                                                                                                         | 760-761 |
| 2                                                         | Reproduction of Documents from Other Divisions or Offices via Requisition Issue Slip                                                 | 762-763 |
| 3                                                         | Issuance of Acknowledgement Receipts for Supplies Provided and Served with Reference to Approved Purchase Order and Delivery Receipt | 764     |
| 4                                                         | Request for Gas/Diesel Refueling                                                                                                     | 765     |
| 5                                                         | Processing of Purchase Orders                                                                                                        | 766     |
| 6                                                         | Preparation of Bidding Documents                                                                                                     | 767-768 |
| 7                                                         | Receipt of Deliveries                                                                                                                | 769-770 |
| 8                                                         | Issuance and Releasing of Supplies                                                                                                   | 771-772 |
| <b>CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE (CSWDO)</b> |                                                                                                                                      | 773     |
| External Services                                         |                                                                                                                                      |         |
| 1                                                         | Application for Availment of Assistance to Individual in Crisis Situation (AICS)                                                     | 774     |
| 2                                                         | A. Balik-Probinsiya Assistance                                                                                                       | 775     |
| 3                                                         | B. Burial Assistance / Cremation / Niche                                                                                             | 776-777 |
| 4                                                         | C. Cash Assistance for Other Support Services                                                                                        | 778-779 |
| 5                                                         | D. Educational Assistance                                                                                                            | 780-781 |
| 6                                                         | E. Livelihood Assistance                                                                                                             | 782-783 |
| 7                                                         | F. Medical Assistance in the Form of Cash                                                                                            | 784-785 |
| 8                                                         | G. Medical Assistance in the Form of Guarantee Letter                                                                                | 786-787 |
| 9                                                         | H. Transportation Assistance                                                                                                         | 788-789 |
| 10                                                        | I. Emergency Shelter Assistance                                                                                                      | 790-791 |

|                                                       |                                                                                                                                                               |          |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 11                                                    | Issuance of Certificate of Indigency                                                                                                                          | 792-793  |
| 12                                                    | Issuance of Person with Disability (PWD) ID / Booklet                                                                                                         | 794-798  |
| 13                                                    | Issuance of Referral Letter                                                                                                                                   | 799-800  |
| 14                                                    | Issuance of Senior Citizen's ID Card / Booklet                                                                                                                | 801-804  |
| 15                                                    | Issuance of Senior Citizen's Cake Voucher                                                                                                                     | 805      |
| 16                                                    | Issuance of Social Case Study Report                                                                                                                          | 806-807  |
| 17                                                    | Issuance of Solo Parent ID / Certification                                                                                                                    | 808-823  |
| 18                                                    | Availment of Traffic Violating Discount                                                                                                                       | 824      |
| 19                                                    | Availment of MERALCO Lifeline Certification                                                                                                                   | 825-826  |
| 20                                                    | Response to Citizen's Complaint                                                                                                                               | 827-828  |
| 21                                                    | Issuance of Mayor's Permit (NGO's/People's Org/Religious Org/Civil Society Org/Homeowner's Association)                                                       | 829-830  |
| 22                                                    | Issuance of Mayor's Permit ( For Public and Private Child Development Centers)                                                                                | 831-832  |
| 23                                                    | Issuance of Philhealth Certification                                                                                                                          | 833-834  |
| <b>CITY VETERINARY OFFICE</b>                         |                                                                                                                                                               | 835      |
| External Services                                     |                                                                                                                                                               |          |
| 1                                                     | Anti-Rabies Vaccination and Pet Registration                                                                                                                  | 836-837  |
| 2                                                     | Anti-Rabies Vaccination (Mass Vaccination)                                                                                                                    | 838-839  |
| 3                                                     | Issuance of Certificate of Ownership of Large Animals                                                                                                         | 840-841  |
| 5                                                     | Redemption of Impounded Animals                                                                                                                               | 8428-844 |
| 6                                                     | Rehoming Pets/Pet Adoption                                                                                                                                    | 845-846  |
| 7                                                     | Registration for Availment of the Free Animal Spay and Neuter Services                                                                                        | 847      |
| 8                                                     | Stray Dog Trapping Services                                                                                                                                   | 848      |
| 9                                                     | Assistance to Farmers Through Registry System for Basic Sectors in Agriculture (RBSA) Enrollment and Philippine Crop Insurance Corporation (PCIC) Application | 849      |
| 10                                                    | For Other Queries and Complaints                                                                                                                              | 850      |
| <b>INFORMATION TECHNOLOGY AND DEVELOPMENT OFFICE</b>  |                                                                                                                                                               | 851      |
| External Services                                     |                                                                                                                                                               |          |
| 1                                                     | Evaluation of Applicant for Employment in the City Government                                                                                                 | 852      |
| 2                                                     | Local Vaccination Application Assistance                                                                                                                      | 853-854  |
| 3                                                     | Filing of Complaint                                                                                                                                           | 855      |
| Internal Services                                     |                                                                                                                                                               |          |
| 1                                                     | Technical Support                                                                                                                                             | 856      |
| <b>OFFICE OF THE CITY ENGINEER</b>                    |                                                                                                                                                               | 859      |
| External Services                                     |                                                                                                                                                               |          |
| 1                                                     | Issuance of Excavation and or Pole Permits                                                                                                                    | 860-864  |
| 2                                                     | Issuance of Copy of Building Plan and Other Data                                                                                                              | 865      |
| <b>OFFICE OF THE CITY MAYOR</b>                       |                                                                                                                                                               | 866      |
| External Services                                     |                                                                                                                                                               |          |
| 1                                                     | Issuance of Endorsement / Recommendation Letter                                                                                                               | 867-869  |
| 2                                                     | Provision of Mayor's Speech / Message                                                                                                                         | 870-871  |
| Internal Services                                     |                                                                                                                                                               |          |
| 1                                                     | Facilitation of Documents for Signature of the City Mayor                                                                                                     | 872      |
| <b>OFFICE OF THE CITY VICE MAYOR</b>                  |                                                                                                                                                               | 874      |
| External Services                                     |                                                                                                                                                               |          |
| 1                                                     | Endorsements. Certifications, Acknowledgement Letters and Communications                                                                                      | 875-876  |
| 2                                                     | Scheduling of Appointments/Courtesy Calls                                                                                                                     | 877-878  |
| 3                                                     | Processing of Invitations and Requests for Vice Mayor's Attendance                                                                                            | 879-881  |
| Internal Services                                     |                                                                                                                                                               |          |
| 1                                                     | Routing of Legislative Documents (Resolutions, Ordinances, Committee Reports)                                                                                 | 882      |
| 2                                                     | Processing of Disbursement Vouchers and Internal Financial Documents                                                                                          | 883-884  |
| 3                                                     | HR-Related Documents (DTRs, Leave Forms, Service Records)                                                                                                     | 885      |
| <b>OFFICE OF THE SANGGUNIANG PANLUNGSOD SECRETARY</b> |                                                                                                                                                               | 886-888  |
| External Services                                     |                                                                                                                                                               |          |
| <b>OFFICE OF THE SANGGUNIANG PANLUNGSOD SECRETARY</b> |                                                                                                                                                               | 889      |
| External Services                                     |                                                                                                                                                               |          |

|                                                    |                                                                                                                                        |         |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1                                                  | Assistance to Clients Requesting for Copies of Ordinances/Resolutions and Administrative Cases Documents                               | 890-891 |
| Internal Services                                  |                                                                                                                                        | 892     |
| 1                                                  | Assistance to City Officials and Government Offices Requesting for Copies of Ordinances/Resolutions and Administrative Cases Documents | 893-894 |
| <b>OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS)</b> |                                                                                                                                        | 895     |
| External Services                                  |                                                                                                                                        |         |
| 1                                                  | Adjudication of Contested Apprehension / Filed Complaint                                                                               | 896     |
| 2                                                  | Anti-Sexual Harassment (ASH) Desk Assistance                                                                                           | 897     |
| 3                                                  | Inspection of Tricycle-for-Hire / Public Utility Vehicle Subject for Renewal of Franchise                                              | 898     |
| 4                                                  | Issuance of Certification of Impounded Vehicle                                                                                         | 899-900 |
| 5                                                  | Issuance of Certification of No Apprehension                                                                                           | 901-902 |
| 6                                                  | Issuance of OPSS Certification and/or Certified True Copy of Report/Blotter of Traffic Accidents and Other Incidents                   | 903-904 |
| 7                                                  | Issuance of Traffic Clearance                                                                                                          | 905-907 |
| 8                                                  | Redemption of Impounded Vehicle                                                                                                        | 908-909 |
| 9                                                  | Redemption of Wheel-Clamped Vehicle                                                                                                    | 910-911 |
| 10                                                 | Settlement of Admitted Apprehension                                                                                                    | 912-916 |
| 11                                                 | Settlement of Jaywalking Violation                                                                                                     | 917     |
| 12                                                 | Support Services to Research Works                                                                                                     | 918     |
| <b>PEOPLE'S LAW ENFORCEMENT BOARD (PLEB)</b>       |                                                                                                                                        | 919     |
| External Services                                  |                                                                                                                                        |         |
| 1                                                  | Issuance of PLEB Certification / Clearance                                                                                             | 920-921 |
| 2                                                  | PLEB Citizen's Complaint                                                                                                               | 922-923 |
| <b>PUBLIC EMPLOYMENT SERVICE OFFICE (PESO)</b>     |                                                                                                                                        | 924     |
| External Services                                  |                                                                                                                                        |         |
| 1                                                  | Issuance of Certification of Accreditation and/or Posting of Job Vacancies                                                             | 925-926 |
| 2                                                  | Issuance of Job Referral/Letter of Recommendation for Job Applications                                                                 | 927     |
| 3                                                  | Issuance of Mayor's Occupational/Work Permit                                                                                           | 928-929 |
| 4                                                  | Job Fair Clearance Facilitation Services                                                                                               | 930     |
| 5                                                  | Provision of Assistance to Employers for the Browsing of Applicants                                                                    | 931-932 |
| 6                                                  | SPES Facilitation Services                                                                                                             | 933     |
| 7                                                  | OFW Helpdesk                                                                                                                           | 934     |
| 8                                                  | Application for the Special Program for the Employment of Senior Citizens and Persons with Disability                                  | 935-936 |
| <b>PUBLIC INFORMATION OFFICE</b>                   |                                                                                                                                        | 937     |
| External Services                                  |                                                                                                                                        |         |
| 1                                                  | Provision of Tarpaulin Layout Design and Print (Walk-in and Online)                                                                    | 938-940 |
| 2                                                  | Provision of Layout Design (Walk-in and Online)                                                                                        | 941-943 |
| 3                                                  | Response to Request for Event Management Service                                                                                       | 944-946 |
| 4                                                  | Request for Event Coverage                                                                                                             | 947-949 |
| 5                                                  | Request for Hosting Service                                                                                                            | 950-952 |
| 6                                                  | Request for Endorsement Letter                                                                                                         | 953-956 |
| 7                                                  | Provision of Photo and Video Documentation for Kasalang Bayan, Civil Wedding and Binyagang Bayan                                       | 957-958 |
| 8                                                  | Provision of Information Materials (Walk-in and Online)                                                                                | 959-961 |
| 9                                                  | Response to Request of Media Assistance (Walk-in and Online)                                                                           | 962-965 |
| 10                                                 | Handling of Inquiries (Walk-in, Online and Phone)                                                                                      | 966-970 |
| 11                                                 | Request for Online Business Promotion (Walk-in and Online)                                                                             | 971-973 |
| 12                                                 | Response to Request for Online Public Service Announcement (Online)                                                                    | 974-976 |
| Internal Services                                  |                                                                                                                                        | 977     |
| 1                                                  | Response to Request for Online Public Service Announcement (Online)                                                                    | 978-980 |
| 2                                                  | Provision of Layout Design (Walk-in and Online)                                                                                        | 981-982 |
| 3                                                  | Request for Event Management Service                                                                                                   | 983-984 |
| 4                                                  | Request for Event Coverage                                                                                                             | 985-986 |
| 5                                                  | Response to Request for Hosting Service                                                                                                | 987-988 |

|                                                             |                                                                                                                           |                    |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------|
| 6                                                           | Provision of Information Materials (Walk-in and Online)                                                                   | 989-991            |
| 7                                                           | Request for Media Assistance (Walk-in and Online)                                                                         | 992-995            |
| 8                                                           | Handling of Inquiries (Walk-in, Online and Phone)                                                                         | 996-999            |
| 9                                                           | Response to Request for Online Public Service Announcement (Online)                                                       | 1000-1002          |
| 10                                                          | Proofreading Service (Walk-in and Online)                                                                                 | 1003-1004          |
| 11                                                          | Content Creation (Walk-in and Online)                                                                                     | 1005-1006          |
| <b>YOUTH AND SPORTS COORDINATING AND DEVELOPMENT OFFICE</b> |                                                                                                                           | 1007               |
| External Services                                           |                                                                                                                           |                    |
| 1                                                           | Request for Special Financial Incentives                                                                                  | 1008-1009          |
| 2                                                           | Request for Financial Support or Assistance                                                                               | 1010-1011          |
| 3                                                           | Request for Equipment in Sports Competitions                                                                              | 1012-1013          |
| 4                                                           | Use of the Antipolo Educational Sports Hub                                                                                | 1014-1016          |
| 5                                                           | Request to Enroll at the Jun-Andeng Ynares Sports Clinic                                                                  | 1017               |
| <b>URBAN SETTLEMENT AND DEVELOPMENT OFFICE</b>              |                                                                                                                           | 1018               |
| External Services                                           |                                                                                                                           |                    |
| 1                                                           | Issuance of Certification for MERALCO Purposes                                                                            | 1019-1020          |
| 2                                                           | Issuance of Order of Payment for Monthly Amortizations                                                                    | 1021               |
| 3                                                           | Issuance of USDO Certification                                                                                            | 1022-1023          |
| 4                                                           | Issuance of Certification for Registration / Updating to the Department of Human Settlement and Urban Development (DHSUD) | 1024-1026          |
| <b>CITY LEGAL OFFICE</b>                                    |                                                                                                                           | 1027               |
| External Services                                           |                                                                                                                           |                    |
| 1                                                           | Investigation, Hearing, and Resolution of Administrative Compliant/Case                                                   | 1028-1029          |
| 2                                                           | Issuance of Certification of No Pending Administrative Case                                                               | 1030-1031          |
| <b>ANTIPOLO CITY PUBLIC LIBRARY</b>                         |                                                                                                                           | 1032               |
| External Services                                           |                                                                                                                           |                    |
| 1                                                           | Reference and Information Services                                                                                        | 1033               |
| 2                                                           | Reading and Study Area                                                                                                    | 1034               |
| 3                                                           | Borrowing and Returning Books                                                                                             | 1035-1036          |
| 4                                                           | Computer and Internet Access                                                                                              | 1037               |
| 5                                                           | Programs and Activities (Onsite Access and Off Site)                                                                      | 1038               |
| 6                                                           | Off Site Access                                                                                                           | 1039               |
| 7                                                           | Online Services                                                                                                           | 1040               |
| 8                                                           | Multimedia Linkages and Networking                                                                                        | 1041-1044          |
| Internal Services                                           |                                                                                                                           | 1045               |
| 1                                                           | Delivery, Inspection and Acceptance of Supplies, Materials and Equipment                                                  | 1046               |
| 2                                                           | Processing of Disbursement, Obligation and Request                                                                        | 1047               |
| 3                                                           | Request for Maintenance and Repair                                                                                        | 1048               |
| 4                                                           | Request and Issuance of Supplies and Materials                                                                            | 1049               |
| 5                                                           | Request and Processing of Program of Work                                                                                 | 1050               |
|                                                             |                                                                                                                           | <b>Page Number</b> |
| <b>Education / Academic Services</b>                        |                                                                                                                           | <b>1051</b>        |
|                                                             |                                                                                                                           | 1052               |
| <b>CITY OF ANTIPOLO INSTITUTE OF TECHNOLOGY (AiTECH)</b>    |                                                                                                                           |                    |
| External Services                                           |                                                                                                                           |                    |
| 1                                                           | Application for Student Admission                                                                                         | 1053-1054          |
| 2                                                           | Enrollment of New Students                                                                                                | 1055-1056          |
| 3                                                           | Enrollment of Continuing Old Students                                                                                     | 1057-1058          |
| 4                                                           | Request for Student Records                                                                                               | 1059-1061          |
| 5                                                           | Withdrawal of Registration                                                                                                | 1062               |
| 6                                                           | Request for IDEA FABLAB Services                                                                                          | 1063-1064          |
| 7                                                           | Request for IDEA FABLAB Training                                                                                          | 1065-1066          |

|                                                                        |           |
|------------------------------------------------------------------------|-----------|
| 8 AITECH Learning Resource Center (ALRC) Services                      | 1067-1068 |
| 9 Technical Drafting NC II Competency Assessment                       | 1069-1072 |
| 10 Filing of Complaints                                                | 1073-1074 |
| <b>SCHOLARSHIP OFFICE</b>                                              | 1075      |
| External Services                                                      |           |
| 1 Athletic College                                                     | 1076-1077 |
| 2 Review Assistance Program                                            | 1078-1079 |
| 3 OFW Dependent College Scholarship Program                            | 1080-1081 |
| 4 Working Student College Scholarship Program                          | 1081-1082 |
| 5 Antipolo College Excellence Scholarship Program (ACES)               | 1082-1083 |
| 6 SPED / PWD College Scholarship Program                               | 1083-1084 |
| 7 Incentives For Top 10 Board / Bar Topnatcher                         | 1085      |
| 8 Teacher's Scholarship Program                                        | 1086-1087 |
| 9 Instructional Spiritual Education Scholarship Program                | 1087-1088 |
| 10 Orphan College Scholarship Program                                  | 1088-1089 |
| 11 Antipolo City Science (ANSCI) Graduates College Scholarship Program | 1089-1090 |
| 12 Graduate Studies Program                                            | 1090-1091 |
| 13 Rehabilitation Sciences Scholarship Program                         | 1091-1092 |
| Internal Services                                                      | 1093      |
| 1 All Scholarship Program                                              | 1094      |
| 2 Review Assistance Program                                            | 1095      |
| 3 OFW Dependent College Scholarship Program                            | 1096      |
| 4 Working Student College Scholarship Program                          | 1097      |
| 5 Antipolo College Excellence Scholarship Program (ACES)               | 1098      |
| 6 SPED / PWD College Scholarship Program                               | 1099      |
| 7 Incentives For Top 10 Board / Bar Topnotcher                         | 1100      |
| 8 Teacher's Scholarship Program                                        | 1101      |
| 9 Instructional Spiritual Education Scholarship Program                | 1102      |
| 10 Orphan College Scholarship Program                                  | 1103      |
| 11 Antipolo City Science (ANSCI) Graduates College Scholarship Program | 1104      |
| 12 Graduate Studies Program                                            | 1105      |
| 13 Rehabilitation Sciences Scholarship Program                         | 1106      |

## Page Number

### Health and Hospital Services

1107

#### CITY HEALTH OFFICE (CHO)

1108

##### External Services

|                                                                                               |           |
|-----------------------------------------------------------------------------------------------|-----------|
| 1 Consultation: Free Medical Consultation                                                     | 1109-1112 |
| 2 Dental Check-up and or Tooth Extraction                                                     | 1113-1114 |
| 3 HIV and STI Testing Services                                                                | 1114-1116 |
| 4 Issuance of Sanitary Permit                                                                 | 1116-1117 |
| 5 Issuance of Health Certificate ID/ Medical Certificate                                      | 1118-1121 |
| 6 Issuance of Certificate of Water Potability                                                 | 1122      |
| 7 Issuance of Permits for Burial, Exhumation, Cremation and or Transfer, Transport of Cadaver | 1123-1124 |
| 8 Signing of Death Certificates                                                               | 1124-1125 |
| 9 Treatment of Animal Bite (Imall)                                                            | 1126-1129 |
| 10 Treatment of Animal Bite (SM Downtown)                                                     | 1130-1133 |
| 11 Tuberculosis Diagnosis and Treatment Availment                                             | 1134-1137 |
| 12 Secondary Clinical Laboratory Services                                                     | 1138-1143 |

|                                                                                                                      |           |
|----------------------------------------------------------------------------------------------------------------------|-----------|
| <b>CITY HEALTH OFFICE (CHO) - RURAL HEALTH UNIT</b>                                                                  | 1144-1145 |
| External Services                                                                                                    |           |
| 1 Free Dental Check-up and Tooth Extraction Services                                                                 | 1146      |
| 2 Free Immunization Services                                                                                         | 1147-1148 |
| 3 Free Maternal Care Services                                                                                        | 1149-1150 |
| 4 Free Medical Consultation Services                                                                                 | 1151      |
| 5 Filing of Complaints                                                                                               | 1152      |
| <b>RIZAL PROVINCIAL HOSPITAL SYSTEM ANTIPOLLO ANNEX II</b>                                                           | 1153      |
| External Services                                                                                                    |           |
| 1 Out-Patient Services                                                                                               | 1154-1159 |
| 2 Emergency Services                                                                                                 | 1160-1162 |
| 3 Diagnostic Services                                                                                                | 1163-1166 |
| 4 Preparation of Birth Certificate                                                                                   | 1167      |
| 5 Issuance of Death Certificate                                                                                      | 1168      |
| 6 Classification of Patients for Financial Assistance by Various Funding Organizations                               | 1169      |
| 7 Availment of Medicine and Supplies to Patients                                                                     | 1170-1177 |
| 8 Issuance of Billing Statement                                                                                      | 1178      |
| 9 Philhealth Insurance Corporation (PHIC) Benefit Availment                                                          | 1179      |
| 10 Payment Transactions                                                                                              | 1180      |
| 11 Classifications of In-Patients                                                                                    | 1181      |
| 12 Endorsement for Medical Financial Assistance of Patients Under C3 and D Classification and Non-Active PHIC Member | 1182      |
| 13 Medico Legal Services                                                                                             | 1183-1184 |
| 14 Response to Citizen;s Complaint                                                                                   | 1185      |
| <b>ANTIPOLLO CITY HOSPITAL SYSTEM – CABADING</b>                                                                     | 1186      |
| External Services                                                                                                    |           |
| 1 Admission of Patients                                                                                              | 1187-1188 |
| 2 Dental Check-Up and Tooth Extraction Services                                                                      | 1189-1190 |
| 3 Discharge of Inpatient                                                                                             | 1190-1192 |
| 4 Medical Consultation – Emergency Room (ER) Department                                                              | 1192-1197 |
| 5 Medical Consultation – Outpatient Department (OPD)                                                                 | 1198-1199 |
| Laboratory and Radiology Services                                                                                    | 1200      |
| 1 Laboratory Services                                                                                                | 1201-1207 |
| 2 Peritoneal Dialysis                                                                                                | 1208-1212 |
| 3 Ultrasonography Services                                                                                           | 1213-1222 |
| 4 12 Lead ECG and X-ray Procedures                                                                                   | 1223-1232 |
| Medical Social Services                                                                                              | 1233      |
| 1 Availment of Medical Assistance from PCSO Through Online Application System                                        | 1234-1235 |
| 2 Availment of Medical Assistance to Indigent Patient (MAIP) Program                                                 | 1236      |
| 3 Availment of Discounts (Senior Citizen and PWD)                                                                    | 1237      |
| 4 Availment of Medical Assistance to Admitted OB Patients                                                            | 1238      |
| 5 Enrollment to PhilHealth Point of Service                                                                          | 1239-1240 |
| Other Ancillary Services                                                                                             | 1241      |
| 1 Issuance of Medical Certifications                                                                                 | 1242-1249 |
| 2 Pharmacy Services                                                                                                  | 1250-1263 |
| 3 PhilHealth Services                                                                                                | 1264-1265 |
| 4 Sukatan ng Kasiyahan ng Kliyente                                                                                   | 1266      |
| 5 Response to Citizen's Complaint                                                                                    | 1267-1268 |

**ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN**

1269

## External Services

|    |                                               |           |
|----|-----------------------------------------------|-----------|
| 1  | Consultation / Outpatient Services            | 1270-1271 |
| 2  | Dental Services                               | 1272-1273 |
| 3  | Emergency Room (ER) Services                  | 1274-1275 |
| 4  | Admission Service                             | 1276      |
| 5  | Hospital Admission (Ward)                     | 1277      |
| 6  | Hospital Discharge (Ward)                     | 1278-1279 |
| 6  | Hemodialysis Services                         | 1280-1281 |
| 7  | Laboratory Services                           | 1282-1288 |
| 8  | Medical Record Services                       | 1289-1291 |
| 9  | Medical Social Services                       | 1292      |
| 10 | Mayor's Help Desk                             | 1293      |
| 11 | Pharmacy Services                             | 1294-1296 |
| 12 | PhilHealth / Point of Service                 | 1297-1298 |
| 13 | Physical Medicine and Rehabilitation Services | 1299-1303 |
| 14 | Radiology Services                            | 1304-1306 |
| 15 | Billing Section                               | 1307-1308 |
| 16 | Dietary Services                              | 1309-1310 |
| 17 | Response to Citizen's Complaint               | 1311-1320 |





# **BUSINESS RELATED SERVICE**



# **Antipolo City Culture, Arts and Tourism Promotions Office External Services**



## 1. ANNUAL REGISTRATION OF TOURISM ENTERPRISES

In accordance with City Ordinance No. 2018-879, otherwise known as the “2019 Antipolo City Revenue Code,” as amended, all tourism-oriented and related establishments operating within Antipolo City are required to register annually. This registration applies to principal branches, extension offices, and other tourism-related businesses, ensuring compliance with local regulations.

A registration fee is imposed on all tourism enterprises, without prejudice to the collection of other taxes, fees, and surcharges as mandated by existing laws, ordinances, and local issuances. Additionally, all Primary Tourism Enterprises (PTEs) are required to secure a local tourism clearance and apply for accreditation through the Department of Tourism (DOT) online portal. This ensures that establishments meet the standards set by the DOT and contribute to the city's thriving tourism industry.

|                              |                                                                                                                                   |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Culture, Arts, and Tourism Promotions Office (AnCCATPO)                                                             |
| <b>CLASSIFICATION:</b>       | Simple                                                                                                                            |
| <b>TYPES OF TRANSACTION:</b> | G2B - Government to Business<br>G2G - Government to Government                                                                    |
| <b>WHO MAY AVAIL:</b>        | Owners of tourism-oriented establishments, whether operating as principal branch, or extension office within the City of Antipolo |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                 | WHERE TO SECURE                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Business Permit / Application Form<br>For New Business Applicant<br>Application Form - Photocopy                                                                          | 1.1. Business Permit and Licensing Office (BPLO) - Online Account of Business                     |
| For Business Renewal Applicant<br>Old Business Permit - Photocopy                                                                                                         | 1.2. Client                                                                                       |
| 2. Notarized Affidavit of Undertaking - Original (If applicable for new applicant of tourism clearance)                                                                   | Notary Public                                                                                     |
| 3. Acknowledgement of documentary requirements submitted through the Department of Tourism (DOT) online portal - Photocopy / Printer / Screenshot (if not yet accredited) | DOT Accreditation Portal                                                                          |
| 5. DOT Accreditation Certificate - Photocopy (For accredited business)                                                                                                    | Client                                                                                            |
| 6. Authorization letter - Original Copy (If applying through a representative)                                                                                            | Client                                                                                            |
| 7. Any government-issued ID card of the owner / representative - 1 pc. Photocopy                                                                                          | Client                                                                                            |
| Philippine Identification (PhilID) or National ID                                                                                                                         | Philippine Statistics Office (PSA)                                                                |
| PWD ID                                                                                                                                                                    | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| Solo Parent ID                                                                                                                                                            | CSWDO                                                                                             |

|                     |                                                  |
|---------------------|--------------------------------------------------|
| Senior Citizen's ID | CSWDO - Office of Senior Citizens Affairs (OSCA) |
| Company / Office ID | Requesting party's company / office              |
| School ID           | Requesting party's school                        |
| Postal ID           | PhilPost                                         |

| CHECKLIST OF REQUIREMENTS                                               | WHERE TO SECURE                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------|
| Barangay ID                                                             | Barangay where the requesting party resides                  |
| Police Clearance / Police Clearance Certificate                         | Philippine National Police                                   |
| NBI Clearance                                                           | National Bureau of Investigation                             |
| Driver's License / Temporary Driver's License / Student Driver's Permit | Land Transportation Office                                   |
| Passport                                                                | Department of Foreign Affairs                                |
| PRC License                                                             | Professional Regulation Commission                           |
| SSS ID                                                                  | Social Security System                                       |
| GSIS ID (UMID)                                                          | GSIS                                                         |
| Voter's ID / Voter's Certification                                      | Commission on Election                                       |
| BIR / Taxpayer's ID                                                     | Bureau of Internal Revenue                                   |
| PhilHealth ID                                                           | PhilHealth                                                   |
| Seaman's Book                                                           | MARINA                                                       |
| HDMF Transaction Card                                                   | HDMF                                                         |
| Alien Certificate of Registration Identity Card (ACR I-CARD)            | Bureau of Immigration                                        |
| CSC Eligibility Card                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                        | AGENCY ACTION                                                                                                                                                                                                                          | FEES TO BE PAID           | PROCESSING TIME | PERSON RESPONSIBLE                          |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|---------------------------------------------|
| 1. Submit the requirements to the AnCCATPO                          | 1.1. The AnCCATPO will receive and review the completeness, validity, and applicability of the submitted documents.                                                                                                                    | None                      | 5 - 7 minutes   | Action Officer (TOURISM - Incoming / Staff) |
| 2. Provide required information                                     | 2.1. The AnCCATPO will assess application and whether the applicant requires PTE Clearance.                                                                                                                                            | None                      | 3 minutes       | Action Officer (Tourism Staff)              |
| 2.1. If the client needs PTE Clearance - Fill-out the PTE Clearance | 2.2. Prepare the PTE Clearance for signature of the AnCCATPO Head                                                                                                                                                                      | None                      | 5 minutes       | Action Officer (Tourism Head)               |
|                                                                     | 2.3. Prepare Order of Payment and attach the PTE Clearance. Inform the client to proceed to the City Treasury Office for payment.<br><br>2.3.1. After payment, the client must return to the AnCCATPO to present the official receipt. | Refer to the Tourism Fees | 2 minutes       | Action Officer (Tourism Staff)              |

|                                                             |                                                                                                                              |      |           |                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------|-----------|--------------------------------------------------|
| 3. Receive and sign the PTE Clearance with Order of Payment | 3.1. The applicant will be required to sign the PTE's Office Copy, confirming receipt of their PTE Clearance. If applicable, | None | 3 minutes | Action Officer (Releasing Clerk / Tourism Staff) |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------|-----------|--------------------------------------------------|

| CLIENT STEPS | AGENCY ACTION                                                        | FEES TO BE PAID                  | PROCESSING TIME   | PERSON RESPONSIBLE |
|--------------|----------------------------------------------------------------------|----------------------------------|-------------------|--------------------|
|              | an Affidavit of Undertaking must be attached to the issued PTE Copy. |                                  |                   |                    |
| <b>TOTAL</b> |                                                                      | <b>Refer to the Tourism Fees</b> | <b>20 minutes</b> |                    |

| SCHEDULE OF TOURISM FEES          |              |              |               |
|-----------------------------------|--------------|--------------|---------------|
| RESORTS                           |              | HOTELS       |               |
| Star-Rating                       | Tourism Fee  | Star-Rating  | Tourism Fee   |
| 5 Star                            | PHP 6,000.00 | 5 Star       | PHP 15,000.00 |
| 4 Star                            | PHP 5,000.00 | 4 Star       | PHP 12,000.00 |
| 3 Star                            | PHP 4,000.00 | 3 Star       | PHP 9,000.00  |
| 2 Star                            | PHP 3,000.00 | 2 Star       | PHP 6,000.00  |
| 1 Star                            | PHP 2,000.00 | 1 Star       | PHP 4,000.00  |
| Other Resort                      | PHP 1,000.00 | Other Hotel  | PHP 3,000.00  |
| OTHERS                            |              | Tourism Fee  |               |
| Other Primary Tourism Enterprises |              | PHP 1,000.00 |               |
| Secondary Tourism Enterprises     |              | PHP 500.00   |               |



# **ANTIPOLO TRADE AND INVESTMENT PROMOTIONS OFFICE (AnTIPO)**



## 1. REGISTRATION AND APPLICATION FOR INCENTIVES

The Antipolo City Trade and Investment Office (AnTIPO) serves as the City Government's primary arm in promoting investments, trade, and enterprise development pursuant to City Ordinance No. 2016-730, otherwise known as the "Revised Antipolo City Investments and Incentive Code of 2016". As the Secretariat of the Antipolo Investments and Incentives Board (AIIB), ANTIPO plays a vital role in implementing the City's investment promotion programs and in facilitating the efficient delivery of incentives and support services to investors, micro, small, and medium enterprises (MSMEs), and other stakeholders.

Pursuant to City Ordinance No. 2016-730, otherwise known as "The Antipolo Investment and Incentive Code of 2016, new and existing enterprises may apply for the availment of incentives consistent with the Promotional Revenue and Local Government Code of 1991.

|                                  |                                                            |
|----------------------------------|------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | ANTIPOLO TRADE AND INVESTMENT PROMOTIONS<br>OFFICE(AnTIPO) |
| <b>CLASSIFICATION:</b>           | Highly Technical                                           |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2B                                                        |
| <b>WHO MAY AVAIL:</b>            | Investors Local and Foreign                                |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>FOR SINGLE PROPRIETORSHIP</p> <ol style="list-style-type: none"> <li>1. 3 Copies of Business name Registration issued by the Department of Trade and Industry (DTI).</li> <li>2. 3 Copies of Audited Financial Statements (if existing).</li> <li>3. 3 Copies of completed application form for registration.</li> <li>4. Investor Plan</li> <li>5. Environmental Compliance Certificate (ECC) or Non-Compliance Certificate (NCC) or Certificate of Non-Coverage (CNC), if applicable</li> <li>6. 3 Copies of Certificate of Labor Force from Public Employment and Service Office.</li> <li>7. Such other documents as may be required by the City Government of Antipolo to be submitted</li> </ol> | <p>FOR SINGLE PROPRIETORSHIP</p> <ol style="list-style-type: none"> <li>1. Department of Trade and Industry (DTI)</li> <li>2. Accounting Service / Business Consultancy</li> <li>3. Antipolo Trade and Investment Promotions Office (AnTIPO)</li> <li>4. Investor</li> <li>5. Environmental Management Bureau (EMB)</li> <li>6. Public Employment Service Office (PESO)</li> </ol> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>FOR PARTNERSHIP/ CORPORATION</p> <ol style="list-style-type: none"> <li>1. 3 Copies of Articles of Partnership or Incorporation</li> <li>2. 3 Certified true copies of its Certificate of Registration issued by the Secretaries and Exchange Commission (SEC) for Corporation/Partnership</li> <li>3. 3 Copies of Resolutions of the Applicant's Board of Directors, in case of a Corporation authorizing the filing of application.</li> <li>4. 3 Copies of Audited Financial Statements (if existing)</li> <li>5. 3 Copies of completed application form for registration</li> <li>6. Investor Plan</li> <li>7. Environmental Compliance Certificate (ECC) or Non-Compliance Certificate (NCC) or Certificate of Non-Coverage (CNC), if applicable <ol style="list-style-type: none"> <li>8. 3 Copies of Certificate of Labor Force from Public Employment and Service Office</li> </ol> </li> <li>9. Such other documents may be required.</li> </ol> <p>BOARD OF INVESTMENT REGISTERED</p> <p>Certified true copy of BOI Certificate of Registration;</p> <p>Copy of documents submitted to BOI pertaining to their registration;</p> <p>Such other documents may be required by the City Government of Antipolo to be submitted</p> | <p>FOR PARTNERSHIP/CORPORATION</p> <ol style="list-style-type: none"> <li>1. Security and Exchange Commission (SEC)</li> <li>2. Security and Exchange Commission (SEC)</li> <li>3. Investor</li> <li>4. Accounting Service / Business Consultancy</li> <li>5. Antipolo Trade and Investment Promotions Office (AnTIPO)</li> <li>6. Investor</li> <li>7. Environmental Management Bureau (EMB)</li> <li>8. Public Employment Service Office (PESO)</li> </ol> <p>BOARD OF INVESTMENT REGISTERED 1. Board of Investment (BOI)</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



| CLIENT STEPS                                                                                                                         | AGENCY ACTION                                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME                       | PERSON RESPONSIBLE                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|------------------------------------|
| <b>1. APPLICATION AND REGISTRATION</b><br><br>1.1 Submits formal request for application for Special Investment Plan (SIP) Incentive | <ul style="list-style-type: none"> <li>• Receives formal request letter for application for Special Investment Plan (SIP) Incentive</li> <li>• Office of the City Mayors instructions</li> </ul> | -               | 10 minutes<br><br>3 days (1,440 mins) | Office of the City Mayor           |
|                                                                                                                                      | <ul style="list-style-type: none"> <li>• Receives instructions from the Office of the City Mayor</li> </ul>                                                                                      | -               | 10 minutes                            | Investment Technical Working Group |
|                                                                                                                                      | <ul style="list-style-type: none"> <li>• Advises clients of the necessary documentary requirements for submission</li> <li>• Issues Application form for Tax Incentives to client</li> </ul>     | -               |                                       |                                    |
| 1.2 Submits filled-out                                                                                                               | <ul style="list-style-type: none"> <li>• Receives</li> </ul>                                                                                                                                     | -               | 30 minutes                            | Investment Technical               |

|                                                                   |                                                                                                                                                                                                                                                                     |                                                                                                                                                                         |            |               |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
| Application Form for Tax Incentives with documentary requirements | <p>documentary requirement</p> <ul style="list-style-type: none"> <li>• Checks listing and assessment of documents for completeness and consistency of information</li> <li>• Stamps or records the Date of Official Acceptance in the Registration Book</li> </ul> | -                                                                                                                                                                       | -          | Working Group |
| Pays Registration Fee                                             | <ul style="list-style-type: none"> <li>• Receives payment and issue OR</li> </ul>                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Small Enterprises – P10,000.00</li> <li>• Medium Enterprises – P25,000.00</li> <li>• Large Enterprises – P50,000.00</li> </ul> | 15 minutes | City Treasury |
|                                                                   |                                                                                                                                                                                                                                                                     |                                                                                                                                                                         |            |               |



|  |                                                                                                                                                                             |   |  |                                    |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|------------------------------------|
|  | <ul style="list-style-type: none"> <li>• Receives CAIIB Board Resolution and endorses the resolution to SP committee on Trade &amp; Investment</li> </ul>                   | - |  | Sangguniang Panlungsod             |
|  | <ul style="list-style-type: none"> <li>• SP committee convenes and reviews the CAIIB resolution</li> </ul>                                                                  | - |  |                                    |
|  | <ul style="list-style-type: none"> <li>• SP committee presents to the SP Council the committee report for deliberation and enactment by the city council members</li> </ul> | - |  | Local Chief Executive              |
|  | <ul style="list-style-type: none"> <li>• Approves the enacted Ordinance</li> </ul>                                                                                          | - |  | Sangguniang Panlungsod             |
|  | <ul style="list-style-type: none"> <li>• SP Secretariat endorses the approved ordinance to concerned Department.</li> </ul>                                                 |   |  | Investment Technical Working Group |

|  |                                                                                                                             |  |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  | <ul style="list-style-type: none"> <li>Generates Certificate of Registration, signed by the members of the CAIIB</li> </ul> |  |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|

|                                                                                                                                                                                           |                                                                                                                                                                                                 |   |                                         |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------|------------------------------------|
| 3. RELEASING AND AWARDING<br>1.5 Receives the Approved Certificate of Registration and the copy of the City Ordinance by the City Council enacting the granting of Incentive by the CAIIB | <ul style="list-style-type: none"> <li>Release of Certificate of Registration</li> <li>Release of City Ordinance by the City Council Enacting the Granting of Incentive by the CAIIB</li> </ul> | - | 10 Minutes                              | Investment Technical Working Group |
|                                                                                                                                                                                           | <b>TOTAL:</b>                                                                                                                                                                                   | - | <b>50 days, 6 hours, and 43 minutes</b> |                                    |





# **Business Permits and Licensing Office External Services**



## 1. ISSUANCE OF BUSINESS PERMITS AND LICENSES – NEW

The City Government of Antipolo through the Business Permits and Licensing Office (BPLO) facilitates the processing of new applications for business permits and licenses using Antipolo City Online Services. Online Application will be evaluated simultaneously by various offices of the City Government for purposes of, but not limited to, assessment of local taxes, fees and charges, clearance as to safety regulations of building, sanitary permit, zoning clearance, and other specific LGU requirements, as the case may be, including the Fire Safety clearance from the Antipolo City Fire Station, and barangay business clearance from the sixteen (16) barangays of the City. All approved applications online will be subjected to a post-audit assessment of the Joint Inspection Team.

The Business Permit shall be valid for a period of not more than one (1) year and shall expire on the 31<sup>st</sup> of December following the date of issuance unless revoked or surrendered earlier.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BUSINESS PERMITS AND LICENSING OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2B – Government to Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Business owners, professionals/practitioners maintaining office/clinic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Unified Application Form (Online Application)<br>DTI Business Name Registration / SEC Registration /<br>CDA Registration – e-copy<br><br>Barangay Business Clearance ( <i>Applied simultaneously<br/>with the online application</i> )<br>Proof of Right of Applicant to use location as business<br>address – e-copy<br>Transfer Certificate of Title / Tax Declaration<br>Contract of Lease, if renting<br>Business Permit of Lessor, if applicable<br>Community Tax Certificate (Cedula) / Corporate Tax<br>Certificate – e-copy<br><br>OTHER REQUIREMENTS ( <i>to be approved while<br/>processing the online application</i> ):<br>Office of the Building Official Clearance<br>Locational/Zoning Clearance<br><br>Environmental Permit to Operate<br><br>Sanitary Permit<br><br>Occupational Permit<br><br>Fire Safety Inspection Certificate | <a href="https://eboss.antipolo.ph">https://eboss.antipolo.ph</a><br>Department of Trade and Industry (DTI) for single<br>proprietorship / Securities and Exchange<br>Commission (SEC) for partnership and<br>Corporation / Cooperative Development Authority<br>(CDA) for Cooperative<br>Barangay concerned thru the BPLO (online)<br><br>Registry of Deeds / City Assessor's Office<br>Lessor<br>Lessor<br>City Treasurer's Office ( <i>can be secured<br/>simultaneously with the online application</i> )<br><br>Office of the Building Official (online)<br>Zoning Administrator's Office (online)<br>City Environment and Waste Management Office<br>(online)<br>City Health Office (online)<br>Public Employment Service Office (online)<br>Antipolo City Fire Station<br>City Treasurer's Office<br>Business owner<br>Business owner<br>Business owner<br>Business owner |



| Tax Clearance<br>Passport size picture of the owner – e-copy<br>Picture of Establishment – e-copy<br>Sketch of Business Location – e-copy<br>Special Power of Attorney / Authorization Letter if applicant is a representative of the business owner – e-copy<br>Other Local and or National Government Agency Clearance (if needed) – e-copy                                                                                                                                                                          |                                                                                                                     | Barangay / City Government / National Government Agency/ies concerned                                     |                 |                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AGENCY ACTION                                                                                                       | FEES TO BE PAID                                                                                           | PROCESSING TIME | PERSON RESPONSIBLE                                                                                                                                              |
| <b>PROCESSING: ONLINE APPLICATION</b><br><br>Using an active email address, create an account (sign up) at Antipolo City Online Services ( <a href="https://eboss.antipolo.ph">https://eboss.antipolo.ph</a> )<br>Log in to your account, choose “Business Permits & Licensing Office” and click “Register New Business.”<br>Provide the necessary information and upload e-copy of all the required documents.<br>Once approved, click the “Assess Business Tax”.<br>Statement of Assessment (SOA) can be downloaded. | Perform online review, evaluation, assessment and approval of the requirements submitted/ uploaded by the client.   | None                                                                                                      | 3 days          | Administrative Aide IV, VI / Assessment Clerk / License Inspector I, II, Licensing Officer I, II, III, IV/BPLO Head and employees from other regulatory offices |
| <b>PAYMENT:</b><br><br><u>ONLINE PAYMENT</u><br>Log in to your account, click “Assess Business Tax” button, click “Proceed to Payment” and choose payment method: Maya eWallet / QR Ph / Gcash / VISA / Mastercard / JCB card<br><br>OR<br><br><u>PAY OVER-THE-COUNTER</u><br>Pay to the City Treasurer’s Office by showing the SOA at the designated Payment Window.<br><br>Secure Official Receipt.                                                                                                                  | None<br><br><br><br><br><br><br><br><br><br>Accept the payment based on the SOA.<br><br>Issue the Official Receipt. | Refer to Schedule of Fees prescribed under City Ordinance No. 2018-879, as amended. (Please see attached) |                 | (System-generated)<br><br><br><br><br><br>Revenue Collection Clerk<br><br>Revenue Clerk                                                                         |
| <b>3. PERMIT:</b><br><br>Log in to Antipolo City Online Services, choose “Business Permit & Licensing Office” and download/ print e-copy of your                                                                                                                                                                                                                                                                                                                                                                       | Online issuance of e-copy of Business Permit and Clearances                                                         | None                                                                                                      |                 | (System-generated)                                                                                                                                              |

|                                        |               |                                                                                                                     |        |  |
|----------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------|--------|--|
| Permit and other regulatory clearances |               |                                                                                                                     |        |  |
|                                        | <b>TOTAL:</b> | Refer to<br>Schedule of Fees<br>prescribed under<br>City Ordinance<br>No. 2018-879, as<br>amended (see<br>attached) | 3 days |  |

## 2. ISSUANCE OF BUSINESS PERMITS AND LICENSES – RENEWAL

The City Government of Antipolo through the Business Permits and Licensing Office (BPLO) facilitates the processing of applications for renewal of business permits and licenses through the Antipolo City Online Services platform. Online Application will be evaluated simultaneously by various offices of the City Government for purposes of, but not limited to, assessment of local taxes, fees and charges, clearance as to safety regulations of building, sanitary permit, zoning clearance, and other specific LGU requirements, as the case may be, including the Fire Safety clearance from the Antipolo City Fire Station, and barangay business clearance from the sixteen (16) barangays of the City.

The Business Permit shall be valid for a period of not more than one (1) year and shall expire on the 31<sup>st</sup> of December following the date of issuance unless revoked or surrendered earlier.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BUSINESS PERMITS AND LICENSING OFFICE                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simple                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G2B – Government to Business                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business owners, professionals/practitioners maintaining office/clinic |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| Unified Application Form ( <i>Online Application</i> )<br>Barangay Business Clearance ( <i>Applied simultaneously with the online application</i> )<br>Proof of Annual Gross Sales/Receipts – e-copy<br>- Financial documents such as ITR, VAT/ Percentage Tax Returns, and other documents/ bases of computation of business taxes, fees & other charges<br>Contract of Lease with Business Permit of Lessor, if applicable – e-copy<br>Community Tax Certificate (Cedula) / Corporate Tax Certificate – e-copy<br><br>OTHER REQUIREMENTS: ( <i>to be approved while processing the online application</i> )<br>Office of the Building Official Clearance<br>Locational/Zoning Clearance<br><br>Environmental Permit to Operate<br><br>Sanitary Permit<br>Occupational Permit<br><br>Fire Safety Inspection Certificate<br>Tax Clearance<br>Special Power of Attorney / Authorization Letter if applicant is a representative of the business owner<br>Other Local and or National Government Agency Clearance (if needed) – e-copy |                                                                        | <a href="https://eboss.antipolo.ph">https://eboss.antipolo.ph</a><br>Barangay concerned thru the BPLO<br><br>Bureau of Internal Revenue / Other sources of financial documents<br><br>Lessor<br>City Treasurer's Office ( <i>can be secured simultaneously with the online application</i> )<br><br>Office of the Building Official (online)<br>Zoning Administrator's Office (online)<br>City Environment and Waste Management Office (online)<br>City Health Office (online)<br>Public Employment and Services Office (online)<br>Antipolo City Fire Station<br>City Treasurer's Office<br>Business owner<br><br>Barangay / City Government / National Government Agency/ies concerned |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                   | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <b>PROCESSING: ONLINE APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3 days                 |                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                  |  |                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Log in to your account at Antipolo City Online Services (<a href="https://eboss.antipolo.ph">https://eboss.antipolo.ph</a>).</p> <p>If no existing online account yet, sign up (create an account) using an active email address</p> <p>Choose "Business Permits &amp; Licensing Office" and click "Register Existing Business."<br/>(One-time enrollment: Enter the following details: Business ID number Latest OR Number and OR Date)</p> <p>Click "Renew Business," provide the necessary information and upload e-copy of all the required documents.</p> <p>Once approved, click the "Assess Business Tax" Statement of Assessment can be downloaded.</p> | <p>Perform online review, evaluation, assessment and approval of the requirements submitted/uploaded by the client.</p> |                                                                                                                  |  | <p>Administrative Aide IV, VI / Assessment Clerk / License Inspector I, II, Licensing Officer I, II, III, IV/BPLO Head and employees from other regulatory offices</p> |
| <p><b>PAYMENT:</b></p> <p><u>ONLINE PAYMENT</u><br/>Log in to your account, click "Assess Business Tax" button, click "Proceed to Payment" and choose payment method: Maya eWallet / QR Ph / Gcash / VISA / Mastercard / JCB card</p> <p style="text-align: center;">OR</p> <p><u>PAY OVER-THE-COUNTER</u><br/>Pay to the City Treasurer's Office by showing the SOA at the designated Payment Window.</p> <p>Secure Official Receipt.</p>                                                                                                                                                                                                                         | <p>None</p> <p>Accept the payment based on the SOA.</p>                                                                 | <p>Refer to Schedule of Fees prescribed under City Ordinance No. 2018-879, as amended. (Please see attached)</p> |  | <p>(System-generated)</p> <p>Revenue Collection Clerk</p> <p>Revenue Collection Clerk</p>                                                                              |

|                                                                                                                                                              |                                                             |                                                                                                   |        |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--------------------|
|                                                                                                                                                              | Issue the Official Receipt.                                 |                                                                                                   |        |                    |
| <b>3. PERMIT:</b><br><br>Log in to your account, choose "Business Permits & Licensing Office" and download/ print e-copy of your Permit and other clearances | Online issuance of e-copy of Business Permit and Clearances | None                                                                                              |        | (System-generated) |
|                                                                                                                                                              | <b>TOTAL:</b>                                               | Refer to Schedule of Fees prescribed under City Ordinance No. 2018-879, as amended (see attached) | 3 days |                    |

### 3. ISSUANCE OF CERTIFICATE OF BUSINESS RETIREMENT

Any person, natural or juridical, subject to the tax on business under Article M, Chapter II of the City Ordinance No. 2018-789, as amended, shall, upon termination of the business, submit application of business retirement within thirty (30) days following the closure. Any tax due shall first be paid before any business or undertaking is fully terminated. The business owner or his duly authorized representative shall coordinate with the Business Permits and Licensing Office (BPLO) to facilitate the retirement of the business/undertaking.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BUSINESS PERMITS AND LICENSING OFFICE                                                                                                                                  |                                                                                                                                                                                                                                       |                        |                                                      |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Simple                                                                                                                                                                 |                                                                                                                                                                                                                                       |                        |                                                      |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G2B – Government to Business                                                                                                                                           |                                                                                                                                                                                                                                       |                        |                                                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Owners of business registered and operating in Antipolo City                                                                                                           |                                                                                                                                                                                                                                       |                        |                                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                |                        |                                                      |
| Letter of Intent to close / retire the business<br>Latest Business Permit issued – Original<br>Business Plate<br>Official Receipt of business tax, fees & other charges - Original<br>Financial documents such as ITR, VAT/ Percentage Tax Returns, and other documents/ bases of computation of business taxes, fees & other charges – 1 photocopy each<br>Sketch of business location<br>Board Resolution Authorizing Closure, for corporation – Original<br>Special Power of Attorney / Authorization Letter, for representative – Original |                                                                                                                                                                        | Business owner<br>Business owner<br>Business owner<br>Business owner / City Treasurer's Office<br><br>Bureau of Internal Revenue / other sources of financial documents<br><br>Business owner<br>Business owner<br><br>Business owner |                        |                                                      |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                                                                                   | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                            |
| Submit the requirements to BPLO.<br><br>1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Check the requirements and evaluate the application.<br><br>1 Forward the application and requirements to the Inspection Division for inspection.                      | None<br><br>None                                                                                                                                                                                                                      |                        | Administrative Aide II / IV                          |
| Assist the inspector during the inspection.<br><br>1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Conduct inspection of the business applied for retirement.<br><br>1 Forward the Inspection Report attached the application and requirements to the Assessment Section. | None<br><br>None                                                                                                                                                                                                                      |                        | License Inspector I / II<br><br>Licensing Officer IV |

|                                                                                                                                                                                                              |                                                                                                                                                                      |                                                                                                                                                                                             |            |                                                                                                                                                 |
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| 2 None                                                                                                                                                                                                       | 2 Compute business tax, fees and charges to be paid by the client and prepare the Statement of Assessment (SOA).                                                     | None                                                                                                                                                                                        |            | Assessment Clerk I / Licensing Officer I / III / IV / Admin Asst. II                                                                            |
| 3 None                                                                                                                                                                                                       | 3 Sign the SOA.                                                                                                                                                      | None                                                                                                                                                                                        |            | BPLO Head and City Treasurer<br>Administrative Aide I                                                                                           |
| 4 None                                                                                                                                                                                                       | 4 Inform the client for payment.                                                                                                                                     | None                                                                                                                                                                                        |            | Administrative Aide I                                                                                                                           |
| 5 Secure the SOA.                                                                                                                                                                                            | 5 Issue the SOA.                                                                                                                                                     | None                                                                                                                                                                                        |            |                                                                                                                                                 |
| Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window.<br><br>1 Secure Official Receipt.                                                     | Accept the payment based on the SOA<br><br>1 Issue the Official Receipt.                                                                                             | Certification – PHP 100.00<br><br>plus<br><br>Payment of retirement business tax, fees & other charges – refer to Schedule of Fees prescribed under City Ordinance No. 2018-879, as amended | 5 minutes  | Revenue Collection Clerk                                                                                                                        |
| Return to BPLO and show the Official Receipt for the issuance of Certificate of Business Retirement.<br><br>1 None<br><br>2 Sign in the Release Log Book and receive the Certificate of Business Retirement. | Check the Official Receipt and prepare the Certificate of Business Retirement.<br><br>1 Sign the Certificate.<br><br>2 Request the client to sign in the Release Log | None<br><br>None<br><br>None                                                                                                                                                                | 30 minutes | Assessment Clerk I / Licensing Officer I / III / IV<br><br>BPLO Head, City Treasurer, and City Administrator<br><br>Administrative Aide II / IV |

|  |                                                        |                                                                                                                                                                                   |                      |  |
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|  | Book and issue the Certificate of Business Retirement. |                                                                                                                                                                                   |                      |  |
|  | <b>TOTAL:</b>                                          | Certification – PHP 100.00<br>plus<br>Payment of outdated business tax, fees & other charges – refer to Schedule of Fees prescribed under City Ordinance No. 2018-879, as amended | 2 day and 35 minutes |  |



## 4. ISSUANCE OF CERTIFICATION / REPLY TO REQUEST FOR BUSINESS DATA AND OR RELATED INFORMATION

The Business Permits and Licensing Office (BPLO) facilitates the issuance of certification relative to the status (existence / non-existence / operation / non-operation) of a business establishment located within Antipolo City and similar concerns.

Pursuant to 2019 Antipolo City Revenue Code, the City Government thru the BPLO issues Order of Payment for the fees to be paid by the person requesting for copies of Business Permit, Certification, Business Roll / List of business establishments and other official records and documents.

|                                                                                                                                                                                                         |                                                                                                            |                                                              |                        |                                                                       |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                            | BUSINESS PERMITS AND LICENSING OFFICE                                                                      |                                                              |                        |                                                                       |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                  | Simple                                                                                                     |                                                              |                        |                                                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                        | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government            |                                                              |                        |                                                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                   | All                                                                                                        |                                                              |                        |                                                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                        |                                                                                                            | <b>WHERE TO SECURE</b>                                       |                        |                                                                       |
| Letter of request addressed to the City Mayor thru the Head-BPLO indicating the following:<br>a. Information needed<br>b. Purpose of request<br>c. Name and contact information of the requesting party |                                                                                                            | - Client                                                     |                        |                                                                       |
| <b>CLIENT STEPS</b>                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                                       | <b>FEES TO BE PAID</b>                                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                             |
| Submit the requirements to BPLO.                                                                                                                                                                        | Check the requirements and forward to Assessment/Records Section.                                          | None                                                         |                        | Administrative Aide I, II, IV or Licensing Officer I or III           |
| None                                                                                                                                                                                                    | Check the request and prepare the Order of Payment attached the requirement for approval by the Head-BPLO. | None                                                         |                        | Licensing Officer IV / Computer Maintenance Technologist I/ Head-BPLO |
| Secure Order of Payment.                                                                                                                                                                                | Issue the Order of Payment.                                                                                | None                                                         |                        |                                                                       |
| Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window.                                                                                  | Accept the payment based on the Order of Payment.                                                          | Certification–PH P100.00 per certification/ page of document | 5 minutes              | Revenue Collection Clerk                                              |
| Secure Official Receipt.                                                                                                                                                                                | Issue the Official Receipt.                                                                                |                                                              |                        |                                                                       |

|                                                                                                  |                                                                                           |                                                                                     |                                 |                                  |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|----------------------------------|
| Return to BPLO and show the Official Receipt.                                                    | Check the Official Receipt and prepare the Certification/ document requested.             | None                                                                                | 30 minutes                      | Administrative Aide I, II, or IV |
| Sign in the Release Log Book / receiving copy and receive the Certification/ document requested. | Request the client to sign in the Release Log Book and issue the Certification/ document. | None                                                                                |                                 |                                  |
|                                                                                                  | <b>TOTAL:</b>                                                                             | <b>Certification–PH<br/>P100.00 per<br/>certification/<br/>page of<br/>document</b> | <b>1 day and<br/>35 minutes</b> |                                  |

## 5. ISSUANCE OF MAYOR'S PERMIT FOR POSTING OF BANNER, STREAMER AND TARPAULIN

Pursuant to City Ordinance No. 2006-242, The City Government through the Business Permits and Licensing Office (BPLO) regulates the posting, placing, stringing, attaching of tarpaulins, streamers, banners, posters and any similar item, of temporary materials, by any and all business establishments, religious organizations, community organizations, non-government organization, etc. within Antipolo City. Proponents shall secure permit from BPLO with clearance from OCE/OBO, CEWMO, Procurement Office and Office of the City Administrator prior to the posting of their informative materials.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                   | BUSINESS PERMITS AND LICENSING OFFICE                                                                         |                                                     |                            |                                                                       |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                         | Simple                                                                                                        |                                                     |                            |                                                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                               | G2C – Government to Citizen;<br>G2B – Government to Business                                                  |                                                     |                            |                                                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                          | Business establishments, religious organizations, community organizations, non-government organizations, etc. |                                                     |                            |                                                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                               |                                                                                                               | <b>WHERE TO SECURE</b>                              |                            |                                                                       |
| Letter of Intent addressed to the City Mayor/City Administrator duly received by the said office<br>Barangay Clearance<br>Design layout of the tarpaulin/streamer/banner/ poster<br>Sketch of the desired location for posting |                                                                                                               | Client<br><br>Barangay Hall<br>Client<br><br>Client |                            |                                                                       |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                          | <b>FEES TO<br/>BE PAID</b>                          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>                                         |
| Submit the requirements to BPLO.                                                                                                                                                                                               | Receive and check the requirements and evaluate the request.                                                  | None                                                |                            | Licensing Officer I or III                                            |
| Secure, fill out and submit the Application & Permit Form once accomplished.                                                                                                                                                   | Issue Application & Permit Form (APF) and receive the same once duly accomplished by the client.              | None                                                |                            |                                                                       |
| None                                                                                                                                                                                                                           | Conduct joint site inspection of the proposed location.                                                       | None                                                |                            | Inspectors from BPLO, CEWMO, OCE/OBO, GSO<br><br>Licensing Officer IV |
| None                                                                                                                                                                                                                           | Forward the Inspection Report, APF and requirements to the Assessment Section.                                | None                                                |                            | Administrative Aide I                                                 |
| None                                                                                                                                                                                                                           | Secure clearance/signature from CEWMO, OBO, GSO                                                               | None                                                |                            |                                                                       |

|                                                                                                                        |                                                                                      |                                                        |               |                                                    |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------|---------------|----------------------------------------------------|
| None                                                                                                                   | Compute permit fee and prepare the Order of Payment.                                 | None                                                   |               | Assessment Clerk I or Licensing Officer III or IV  |
| Secure Order of Payment.                                                                                               | Issue the Order of Payment.                                                          | None                                                   |               | Administrative Aide I / Licensing Officer I or III |
| Pay the required fees to the City Treasurer's by showing the Order of Payment Office at the designated Payment Window. | Accept the payment based on the Order of Payment.                                    | PHP 1,400.00 per piece (2'x7') good for 30 days        | 1 day         | Revenue Collection Clerk                           |
| Secure Official Receipt.                                                                                               |                                                                                      |                                                        |               |                                                    |
| Return to BPLO and submit the original and 1 photocopy of the APF/ Posting Permit.                                     | Issue the Official Receipt.                                                          | None                                                   |               |                                                    |
| None                                                                                                                   | Check the Official Receipt / Assign Control / Permit Number.                         | None                                                   |               | Licensing Officer I or III                         |
| Sign in the Release Log Book and receive the APF/Posting Permit.                                                       | Secure clearance / signature from CEWMO, OBO, GSO                                    | None                                                   |               | Administrative Aide I                              |
|                                                                                                                        | Request the client to sign in the Release Log Book and issue the APF/Posting Permit. | None                                                   |               | Administrative Aide I / Licensing Officer I or III |
|                                                                                                                        | <b>TOTAL:</b>                                                                        | <b>PHP 1,400.00 per piece (2'x7') good for 30 days</b> | <b>3 days</b> |                                                    |



# **City Assessor's Office**

## **External Services**



## 1. ISSUANCE OF CERTIFIED TRUE COPIES / CERTIFICATIONS

The City Assessor's Office issues certified true copies (CTC) of tax declarations and or documents on file, certifications of property holdings and certifications of no improvement (for purposes of transfer of titles, loans, legal matters, medical assistance and other related matters) as well as certifications of cancelled series of tax declarations / trace back of tax declaration.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                          | CITY ASSESSOR'S OFFICE<br>ADMINISTRATIVE AND RECORDS MANAGEMENT DIVISION;<br>ASSESSMENT INFORMATION DIVISION, TAX MAPPING OPERATIONS<br>DIVISION |                                                                                          |                    |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                | Simple                                                                                                                                           |                                                                                          |                    |                                                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                          | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                  |                                                                                          |                    |                                                                 |
| <b>WHO MAY AVAIL:</b>                                                                                                                                 | Real property owners; banks; government agencies; persons with legal<br>interest in ownership of real properties                                 |                                                                                          |                    |                                                                 |
| CHECKLIST OF REQUIREMENTS                                                                                                                             |                                                                                                                                                  | WHERE TO SECURE                                                                          |                    |                                                                 |
| Transfer Certificate of Title – 1 photocopy                                                                                                           |                                                                                                                                                  | Real property owner                                                                      |                    |                                                                 |
| Deed of Conveyance – 1 photocopy                                                                                                                      |                                                                                                                                                  | Real property owner                                                                      |                    |                                                                 |
| Letter of Request – Original copy                                                                                                                     |                                                                                                                                                  | Real property owner                                                                      |                    |                                                                 |
| Any government-issued ID card of the real<br>property owner and or his/her authorized<br>representative – 1 photocopy each                            |                                                                                                                                                  | - BIR, Post Office, DFA, SSS, GSIS, LTO,<br>Pag-IBIG, COMELEC, or PSA (Phil ID /<br>PSN) |                    |                                                                 |
| Authorization letter signed by the owner, designating a<br>named authorized representative, if applicable –<br>Original copy                          |                                                                                                                                                  | Real property owner                                                                      |                    |                                                                 |
| <i>For corporation-owned property:</i> Secretary's<br>Certificate attesting to the Board Resolution<br>authorizing the representative – Original copy |                                                                                                                                                  |                                                                                          |                    |                                                                 |
| Request Form – to be accomplished by the client                                                                                                       |                                                                                                                                                  | City Assessor's Office                                                                   |                    |                                                                 |
| CLIENT STEPS                                                                                                                                          | AGENCY ACTION                                                                                                                                    | FEES<br>TO BE<br>PAID                                                                    | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                           |
| Submit the requirements to<br>the City Assessor's Office.                                                                                             | Check the documents<br>as to completeness<br>and validity.                                                                                       | None                                                                                     | 10 minutes         | Administrative Aide VI<br>/ Administrative Officer<br>I / LAOO  |
| None                                                                                                                                                  | 1.1 Verify the client's<br>Tax Declaration with<br>the record on file.                                                                           | None                                                                                     | 10 minutes         | Administrative<br>Assistant III /<br>Computer Programmer<br>III |

|                              |                                |      |           |                                                          |
|------------------------------|--------------------------------|------|-----------|----------------------------------------------------------|
| 1.2 Secure Order of Payment. | 1.2 Issue the Order of Payment | None | 5 minutes | Administrative Aide VI / Administrative Officer I / LAOO |
|------------------------------|--------------------------------|------|-----------|----------------------------------------------------------|

|                                                                                                         |                                                                                             |                                         |                                                      |                                                                                                                    |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                          | Refer to Schedule of Fees on page 3.    | Refer to City Treasurer's Office for processing time | Revenue Clerk                                                                                                      |
| 2.1 Secure Official Receipt.                                                                            | 2.1 Issue the Official Receipt.                                                             | None                                    |                                                      |                                                                                                                    |
| Return to the City Assessor's Office and show the Official Receipt.                                     | Check the Official Receipt.                                                                 | None                                    | 1 minute                                             | Administrative Aide VI                                                                                             |
| 3.1 None                                                                                                | 3.1 Prepare the Certified True Copy (CTC) of the Tax Declaration, and or certification/s.   | None                                    | 30 minutes                                           | Administrative Assistant III / Computer Programmer III, Tax Mapping Aide / Draftsman II / III, Tax Mapper II / III |
| 3.2 None                                                                                                | 3.2 Check and sign the CTC / Certification/s.                                               | None                                    | 2 minutes                                            | LAOO III / IV / Tax Mapper IV                                                                                      |
| 3.3 Sign in the Release Log Book and secure the CTC / Certifications.                                   | 3.3 Request the client to sign in the Release Log Book and issue the CTC / Certification/s. | None                                    | 2 minutes                                            | Administrative Aide VI                                                                                             |
|                                                                                                         | <b>TOTAL:</b>                                                                               | <b>Refer to Schedule of Fees below.</b> | <b>1 hour*</b>                                       |                                                                                                                    |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

| <b>Schedule of Fees</b>                               |            |           |
|-------------------------------------------------------|------------|-----------|
| Certified true copy of Tax Declaration                | PHP 100.00 | per piece |
| Certificate of Property Holdings                      | PHP 100.00 | per sheet |
| Certificate of No Improvement                         | PHP 100.00 | per piece |
| Certification of Cancelled Series of Tax Declarations | PHP 200.00 | per piece |
| Trace back of Old Tax Declarations                    | PHP 200.00 | per piece |



## 2. ISSUANCE OF DECLARATION OF REAL PROPERTY VALUE (TAX DECLARATION) UNDER NEW OWNER

Any person who shall transfer real property ownership to another shall notify the City Assessor and submit all necessary documents within sixty (60) days from the date of such transfer. A subsequent Declaration of Real Property Value (Tax Declaration) under the new owner will be issued based on the newly issued title.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                    | CITY ASSESSOR'S OFFICE<br>ADMINISTRATIVE AND RECORDS<br>MANAGEMENT DIVISION, ASSESSMENT<br>INFORMATION DIVISION |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                          | Simple                                                                                                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                    | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                 |
| <b>WHO MAY AVAIL:</b>                                                                                                                           | Real property owners; banks; persons with<br>legal interest in ownership of real properties                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                | <b>WHERE TO SECURE</b>                                                                                          |
| New Transfer Certificate of Title (TCT) – 1 certified true copy issued within the last six (6) months from the date of request for transfer     | - Registry of Deeds                                                                                             |
| Deed of Conveyance (Deed of Absolute Sale, Deed of Donation) / Extrajudicial Settlement of Estate (with Affidavit of Publication) – 1 photocopy | - Real property owner                                                                                           |
| Tax Clearance Certificate / Electronic Certificate Authorizing Registration (ECAR) – 1 photocopy                                                | - Bureau of Internal Revenue                                                                                    |
| Transfer Tax Receipt – 1 photocopy                                                                                                              | - City Treasurer's Office                                                                                       |
| Real Property Tax Receipt (current year) / Tax Clearance – 1 photocopy                                                                          | - City Treasurer's Office                                                                                       |
| Tax Declaration Transfer Fee Receipt per Tax Declaration – 1 photocopy                                                                          | - City Treasurer's Office                                                                                       |
| Certified true copy of cancelled Certificate of Title – (as necessary)                                                                          | - Registry of Deeds                                                                                             |
| Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each                            | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)                              |
| Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy                          | - Real property owner                                                                                           |
| <i>For corporation-owned property:</i> Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy |                                                                                                                 |
| Notarized Sworn Statement of the True Current & Fair Market Value of Real Properties – 1 photocopy                                              | - Notary Public                                                                                                 |
| Request Form – to be filled out by the client                                                                                                   | - City Assessor's Office                                                                                        |

| CLIENT STEPS                                                                                                   | AGENCY ACTION                                                                            | FEES TO BE PAID            | PROCESSING TIME                                      | PERSON RESPONSIBLE                                                          |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|
| Submit the requirements to the City Assessor's Office.                                                         | Check the documents as to completeness and validity                                      | None                       | 10 minutes                                           | Administrative Aide VI / Administrative Officer I / LAOO                    |
| 1.1 Secure Order of Payment.                                                                                   | 1.1 Issue the Order of Payment                                                           | None                       |                                                      |                                                                             |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment.     | 2. Receive the payment based on the Order of Payment.                                    | PHP 100.00 per item        | Refer to City Treasurer's Office for processing time | Revenue Clerk                                                               |
| 2.1 Secure Official Receipt.                                                                                   | 2.1 Issue the Official Receipt.                                                          | None                       |                                                      |                                                                             |
| 3. Return to the City Assessor's Office and show the Official Receipt for the issuance of new tax declaration. | 3. Check the Official Receipt.                                                           | None                       | 1 minute                                             | LAOO III / Administrative Aide VI / Assessment Clerk II / III               |
| 3.1 None                                                                                                       | 3.1 Prepare the Real Property Field Appraisal & Assessment Sheet (RP-FAAS)               | None                       | 15 minutes                                           | LAOO III / Administrative Aide VI / Assessment Clerk II / III               |
| 3.2 None                                                                                                       | 3.2 Check RP-FAAS and recommend approval of the transfer of Tax Declaration.             | None                       | 15 minutes                                           | LAOO III / IV                                                               |
| 3.3 None                                                                                                       | 3.3 Review and approve the RP-FAAS.                                                      | None                       | 5 minutes                                            | City Assessor                                                               |
| 3.4 None                                                                                                       | 3.4 Encode and print the Tax Declaration for final approval                              | None                       | 30 minutes                                           | IT Officer II / Computer Programmer III / Administrative Assistant III / VI |
| 3.5 None                                                                                                       | 3.5 Approve and sign the Tax Declaration                                                 | None                       | 2 minutes                                            | City Assessor                                                               |
| 3.6 Sign in the Release Log Book and secure the new Tax Declaration.                                           | 3.6 Request the client to sign in the Release Logbook and issue the new Tax Declaration. | None                       | 2 minutes                                            | Administrative Aide VI                                                      |
|                                                                                                                | <b>TOTAL:</b>                                                                            | <b>PHP 100.00 per item</b> | <b>1 hour, 20 minutes*</b>                           |                                                                             |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

### 3. ISSUANCE OF TAX DECLARATION ON NEWLY DISCOVERED REAL PROPERTY – BUILDING / MACHINERY

For purposes of taxation, improvements (building/houses) shall be assessed upon completion/occupancy of the said improvements, in the name of the person/s owning or administering the same. Likewise, machineries shall be assessed on the year following the time of installation.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                            |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY ASSESSOR'S OFFICE<br>APPRAISAL DIVISION, ASSESSMENT<br>INFORMATION DIVISION                                                                                                                                                                                                                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Simple                                                                                                                                                                                                                                                                                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Real property owners; banks; persons with legal interest in ownership of real properties; residents/persons who received Notice of Discovery of Building & Machinery)                                                                                                                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                     |
| <b>BUILDING:</b><br><br>Floor Plan – 1 photocopy<br><br>Building Permit – 1 photocopy<br><br>Certificate of Occupancy / Completion – 1 photocopy<br><br>Notarized Sworn Statement – Original copy<br><br>Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each<br><br>Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy<br><br><i>For corporation-owned property:</i><br>Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy | - Real property owner / Office of the Building Official (OBO)<br><br>- Real property owner / OBO<br><br>- Real property owner / OBO<br><br>- City Assessor's Office / Notary Public<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br><br>- Real property owner |
| <b>MACHINERY:</b><br><br>Itemized List of Machineries installed with book value sworn by the owner / responsible officer – 1 photocopy<br><br>Notarized Sworn Statement – Original copy<br><br>Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each                                                                                                                                                                                                                                                                                                   | Real property owner<br><br><br>City Assessor's Office / Notary Public<br><br>- BIR, Post Office, DFA, SSS, GSIS, Pag-IBIG, LTO, or PSA (Phil ID / PSN)                                                                                                                                                     |

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| <p>Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy</p> <p><i>For corporation-owned property:</i><br/>Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy</p> | Real property owner |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|

| CLIENT STEPS                                                             | AGENCY ACTION                                                                 | FEES TO BE PAID | PROCESSING TIME                        | PERSON RESPONSIBLE                                                          |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|----------------------------------------|-----------------------------------------------------------------------------|
| <b>Day 1:</b>                                                            |                                                                               |                 |                                        |                                                                             |
| 1. Submit the requirements to the City Assessor's Office.                | 1. Check the documents as to completeness and validity                        | None            | 10 minutes                             | Assessment Clerk / LAOO I                                                   |
| 1.1 Get information about the schedule of inspection, if any.            | 1.1 Set schedule of inspection, if applicable.                                | None            | 5 minutes                              | LAOO I / II / III / IV                                                      |
| <b>Day 2:</b>                                                            |                                                                               |                 |                                        |                                                                             |
| 2. Assist the personnel of City Assessor's Office during the inspection. | 2. Conduct inspection.                                                        | None            | 2 hours                                | LAOO I / II / III                                                           |
| 2.1 None                                                                 | 2.1 Advise the client of the release date of the Tax Declaration.             | None            |                                        | LAOO I / II / III                                                           |
| 2.2 None                                                                 | 2.2 Prepare the Real Property Field Appraisal & Assessment Sheet (RP-FAAS).   | None            | 5 minutes per Real Property Unit (RPU) | LAOO I / II / III                                                           |
| 2.3 None                                                                 | 2.3 Process the RP-FAAS for approval and issuance of updated Tax Declaration. | None            | 20 minutes per RPU                     | Appraisal Division                                                          |
| 2.4 None                                                                 | 2.4 Encode and print the Tax Declaration for final approval                   | None            | 2 minutes per RPU                      | IT Officer II / Computer Programmer III / Administrative Assistant III / VI |
| 2.5 None                                                                 | 2.5 Approve and sign the documents.                                           | None            | 1 minute per RPU                       | City Assessor                                                               |

|                                                                                                                                                           |                                                                                                                            |             |               |                  |
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| <b>Day 3:</b><br><br>3. Return to the City Assessor's Office on the release date.<br><br>3.1 Sign in the Release Log Book and secure the Tax Declaration. | 3. Request the client to sign in the Release Log Book.                                                                     | None        | 1 minute      | Assessment Clerk |
|                                                                                                                                                           | 3.1 Issue the Tax Declaration and advise the client to secure Statement of Account (SOA) from the City Treasurer's Office. | None        | 3 minutes     | Assessment Clerk |
|                                                                                                                                                           | <b>TOTAL:</b>                                                                                                              | <b>None</b> | <b>3 days</b> |                  |

#### 4. ISSUANCE OF TAX DECLARATION ON NEWLY DISCOVERED REAL PROPERTY – LAND

All real properties, whether taxable or tax-exempt, shall be appraised at the current and fair market value prevailing in the City. It shall be the duty of all persons, natural or judicial, owning or administering real property within the city including the improvements thereon, or their duly authorized representative to prepare or cause to prepare, and submit all the necessary documents showing proofs of ownership together with the notarized sworn statement declaring the true value of their property, to the city assessor, within sixty (60) days after the acquisition of such property or upon completion or occupancy of the improvement, whichever comes earlier.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITY ASSESSOR'S OFFICE<br>APPRAISAL DIVISION; TAX MAPPING<br>OPERATIONS DIVISION, ASSESSMENT<br>INFORMATION DIVISION                                                                                                                                                                                                                                                          |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complex                                                                                                                                                                                                                                                                                                                                                                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                                                                                                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Real property owners; banks; persons with<br>legal interest in ownership of real properties                                                                                                                                                                                                                                                                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                        |
| <b>A. UNTITLED PROPERTY</b><br><br>Letter of request – Original copy<br><br>Approved survey plan prepared by a licensed<br>geodetic engineer – Blue print copy<br><br>Certification from the CENRO stating among others, that<br>the land is within the alienable and disposable area –<br>Original copy<br><br>Certified true copy of documents used in the<br>application/approval of plan or certification<br><br>– Original copy (as necessary)<br><br>Affidavit of ownership / Notarized Sworn Statement –<br>Original copy<br><br>Barangay Clearance – Original copy<br><br>Any government-issued ID card of the real property owner<br>and or his/her authorized representative – 1 photocopy<br>each<br><br>Authorization letter signed by the owner, designating a<br>named authorized representative, if applicable – Original<br>copy<br><br><i>For corporation-owned property:</i> Secretary's<br>Certificate attesting to the Board Resolution<br>authorizing the representative – Original copy<br><br>Request Form – to be accomplished by the client<br><br><i>* Subject to payment of ten years back taxes</i> | - Client<br><br>- Bureau of Lands / Land Registration<br>Authority / DENR Region IV-A<br><br>- Community Environment and Natural<br>Resources (CENRO)<br><br>- DENR / CENRO<br><br>- Notary Public<br><br>- Barangay Hall<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO,<br>Pag-IBIG, COMELEC, or PSA (Phil ID /<br>PSN)<br><br>- Client<br><br><br>- City Assessor's Office |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| <b>B. TITLED PROPERTY</b>                                                                                                                               |                                                                  |                                                                                    |                        |                                         |
| Letter of request – Original copy                                                                                                                       |                                                                  | - Client                                                                           |                        |                                         |
| Free Patent Homestead or Miscellaneous                                                                                                                  |                                                                  | - Bureau of Lands / Land Registration Authority / DENR Region IV-A                 |                        |                                         |
| Sales application – 1 Certified true copy                                                                                                               |                                                                  |                                                                                    |                        |                                         |
| Transfer Certificate of Title – 1 Certified true copy issued within the last six (6) months from the date of request for issuance of tax declaration    |                                                                  | - Registry of Deeds                                                                |                        |                                         |
| Certification that the original copy of title is intact and existing in said Registry – Original copy                                                   |                                                                  | - Land Registry of Deeds                                                           |                        |                                         |
| Certified true copy of documents used in the application/approval of patent, certificate of title, plan or certification - Original copy (as necessary) |                                                                  | - DENR, Registry of Deeds                                                          |                        |                                         |
| Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each                                    |                                                                  | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                        |                                         |
| Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy                                  |                                                                  | - Client                                                                           |                        |                                         |
| <i>For corporation-owned property:</i> Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy         |                                                                  |                                                                                    |                        |                                         |
| Notarized Affidavit of Ownership / Sworn Statement – Original copy                                                                                      |                                                                  | - Notary Public                                                                    |                        |                                         |
| Request Form – to be accomplished by the client                                                                                                         |                                                                  | City Assessor's Office                                                             |                        |                                         |
| <i>* Subject to payment of ten years back taxes</i>                                                                                                     |                                                                  |                                                                                    |                        |                                         |
| <b>CLIENT STEPS</b>                                                                                                                                     | <b>AGENCY ACTION</b>                                             | <b>FEES TO BE PAID</b>                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>               |
| <b>Day 1:</b><br>1. Submit the requirements to the City Assessor's Office.                                                                              | 1. Check the documents as to completeness and validity           | None                                                                               | 3 minutes              | Assessment Clerk / LAOO I               |
| 1.1 Get information about the schedule of inspection, if any.                                                                                           | 1.1 Set schedule of inspection, if applicable.                   | None                                                                               | 15 minutes             | LAOO I / II / III / IV                  |
| <b>Day 2-6:</b><br>2. Assist the Tax Mapper during the inspection.                                                                                      | 2. Conduct inspection and verification, and process the request. | None                                                                               | 5 days                 | LAOO I / II / III / Tax Mapper II / III |
| 2.1 None                                                                                                                                                |                                                                  | None                                                                               |                        | LAOO I / II / III / Tax Mapper II / III |

|  |                                                                                                         |  |  |  |
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|  | 2.1 Verify with government agencies concerned the validity of the requirements submitted by the client. |  |  |  |
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|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----------------------------------------------------------------------------|
| 2.2 None                                                                      | 2.2 Prepare the Real Property Field Appraisal & Assessment Sheet (RP-FAAS).                                                  | None        |               | LAOO I / II / III / Tax Mapper II / III                                     |
| 2.3 None                                                                      | 3 Process the RP-FAAS for approval and issuance of updated Tax Declaration.                                                  | None        |               | Appraisal Division                                                          |
| 2.4 None                                                                      | 2.4 Encode and print the Tax Declaration for final approval                                                                  | None        |               | IT Officer II / Computer Programmer III / Administrative Assistant III / VI |
| 2.5 None                                                                      | 2.5 Approve and sign the documents.                                                                                          | None        |               | City Assessor                                                               |
| <b>Day 7:</b><br>3. Return to the City Assessor's Office on the release date. | 3. Request the client to sign in the Release Log Book.                                                                       | None        | 1 minute      | Assessment Clerk II / Administrative Aide VI                                |
| 3.1 Sign in the Release Log Book and secure the Tax Declaration.              | 3.1 Issue the Tax Declaration and advise the client to secure a Statement of Account (SOA) from the City Treasurer's Office. | None        | 3 minutes     |                                                                             |
|                                                                               | <b>TOTAL:</b>                                                                                                                | <b>None</b> | <b>7 days</b> |                                                                             |



## 5. ISSUANCE OF TAX MAPS

Tax maps which provide vital information on real properties and help identify property locations can be secured from the City Assessor's Office. Tax maps also establish a permanent link between real properties in the field and the property assessment and tax records in the City Assessor's Office.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | CITY ASSESSOR'S OFFICE<br>TAX MAPPING OPERATIONS DIVISIONS                                                    |                                                                                                                                                                         |                                                      |                                                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                        |                                                                                                                                                                         |                                                      |                                                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government               |                                                                                                                                                                         |                                                      |                                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | Real property owners; banks; government agencies; persons with legal interest in ownership of real properties |                                                                                                                                                                         |                                                      |                                                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | <b>WHERE TO SECURE</b>                                                                                                                                                  |                                                      |                                                             |
| Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each<br><br>Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy<br><br><i>For corporation-owned property:</i> Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy<br><br>Request Form – to be accomplished by the client |                                                                                                               | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br><br>Declared owner of the real property<br><br><br><br><br>City Assessor's Office |                                                      |                                                             |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                                          | <b>FEES TO BE PAID</b>                                                                                                                                                  | <b>PROCESSING TIME</b>                               | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit the requirements to the City Assessor's Office.                                                                                                                                                                                                                                                                                                                                                                                                        | 1. Receive the requirements.                                                                                  | None                                                                                                                                                                    | 10 minutes                                           | Tax Mapping Aide / Draftsman II / III / Tax Mapper II / III |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.1 Verify with the records on file the location/ tax map of the client's real property.                      | None                                                                                                                                                                    | 10 minutes per RPU                                   |                                                             |
| 1.2 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.2 Issue the Order of Payment                                                                                | None                                                                                                                                                                    | 5 minutes                                            |                                                             |
| 1.3 None                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.3 Prepare the tax map/s.                                                                                    | None                                                                                                                                                                    | 30 minutes per RPU                                   |                                                             |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment.                                                                                                                                                                                                                                                                                                                                                       | 2. Receive the payment based on the Order of Payment.                                                         | Verification of Location/ Tax Map – PHP 50.00 per item;                                                                                                                 | Refer to City Treasurer's Office for processing time | Revenue Clerk                                               |

|                                                                                                                                                                            |                                                                                                                      |                                                                                                                           |                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|
| 2.1 Secure Official Receipt.                                                                                                                                               | 2.1 Issue the Official Receipt.                                                                                      | Copy of Printed Tax Map (A4 size) – PHP 100.00 per sheet;<br><br>Copy of Printed Tax Map (A3 size) – PHP 300.00 per sheet |                |                                       |
| 3. Return to the City Assessor's Office and show the Official Receipt to claim the requested tax map/s.<br><br>3.1 Sign in the Release Log Book, and secure the tax map/s. | 3. Check the Official Receipt and request the client to sign in the Release Log Book<br><br>3.1 Issue the Tax Map/s. | None                                                                                                                      | 5 minutes      | Tax Mapping Aide / Draftsman II / III |
|                                                                                                                                                                            | <b>TOTAL:</b>                                                                                                        |                                                                                                                           | <b>1 hour*</b> |                                       |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

## 6. ISSUANCE OF UPDATED TAX DECLARATION BASED ON THE RESULT OF SEGREGATION / CONSOLIDATION / RECLASSIFICATION OF THE REAL PROPERTY

The City Assessor's Office issues updated Tax Declarations of parcels of land being reclassified based on actual use as found out during ocular inspections. Likewise, the Office issues updated tax declarations of parcels of land being consolidated/segregated based on newly issued Certificates of Title / Approved Plans.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OFFICE OF THE CITY ASSESSOR<br>ADMINISTRATIVE AND RECORDS<br>MANAGEMENT DIVISION,<br>TAX MAPPING OPERATIONS<br>DIVISION,<br>ASSESSMENT INFORMATION<br>DIVISION                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Simple – for single transaction<br>Highly Technical – for subdivision /<br>multiple owners                                                                                                                                                                                                                                                                                                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                                                                                                                                         |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Real property owners; real estate<br>brokers; subdivision developers; banks;<br>government agencies                                                                                                                                                                                                                                                                                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>For Segregation/Consolidation:</b><br><br>Letter of Request – Original copy<br><br>Individual Transfer Certificates of Title – 1 certified true copy each<br>issued within the last six (6) months from the date of request for<br>segregation / consolidation<br><br>Approved Segregated Plan – Blue print copy<br><br>Development Permit with attached Sangguniang Panlungsod<br>Resolution (if applicable) – 1 photocopy<br><br>License to Sell (HLURB/DHSUD), if applicable – 1 photocopy<br><br>Real Property Tax Receipt (current year) – 1 photocopy<br><br>Any government-issued ID card of the real property owner and or<br>his/her authorized representative – 1 photocopy each<br><br>Authorization letter signed by the owner, designating a named<br>authorized representative, if applicable – Original copy<br><br><i>For corporation-owned property: Secretary's Certificate<br/>attesting to the Board Resolution authorizing the<br/>representative – Original copy</i> | - Real property owner<br><br>- Registry of Deeds<br><br>- Bureau of Lands / Land Registration<br>Authority<br>- Zoning Administrator's Office /<br>Sangguniang Panlungsod<br><br>- Housing and Land Use Regulatory<br>Board (HLURB) / DHSUD<br>- City Treasurer's Office<br><br>- BIR, Post Office, DFA, SSS, GSIS,<br>LTO,<br>Pag-IBIG, COMELEC, or PSA (Phil ID<br>/<br>PSN)<br>- Real property owner |

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| <b>For Reclassification:</b><br><br>Letter of Request – Original copy<br><br>Individual Transfer Certificates of Title – 1 Certified true copy each issued within the last six (6) months from the date of request for reclassification<br><br>Approved Plan – Blue print copy | - Real property owner<br><br>- Registry of Deeds<br><br>- Bureau of Lands / Land Registration Authority / DENR Region IV-A                                                |
| Development Permit with attached Sangguniang Panlungsod Resolution (if applicable) – 1 photocopy<br><br>Zoning Certificate (if applicable) – 1 photocopy<br><br>DAR Clearance (if applicable) – 1 photocopy<br><br>Real Property Tax Receipt – 1 photocopy                     | - Zoning Administrator's Office / Sangguniang Panlungsod<br>- Zoning Administrator's Office<br><br>- Department of Agrarian Reform (DAR)<br><br>- City Treasurer's Office |

### **SIMPLE – FOR SINGLE TRANSACTION:**

| <b>CLIENT STEPS</b>                                                                                        | <b>AGENCY ACTION</b>                                   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                               | <b>PERSON RESPONSIBLE</b>                                |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|------------------------------------------------------|----------------------------------------------------------|
| <b>Day 1:</b>                                                                                              |                                                        |                        |                                                      |                                                          |
| 1. Submit the requirements to the City Assessor's Office (CAO).                                            | 1. Check the documents as to completeness and validity | None                   | 5 minutes                                            | Administrative Aide VI / Administrative Officer I / LAOO |
| 1.1 Secure Order of Payment.                                                                               | 1.1 Issue the Order of Payment.                        | None                   |                                                      |                                                          |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment. | 2. Receive the payment based on the Order of Payment.  | PHP 100.00 per item    | Refer to City Treasurer's Office for processing time | Revenue Clerk                                            |
| 2.1 Secure Official Receipt.                                                                               | 2.1 Issue the Official Receipt.                        | None                   |                                                      |                                                          |
| 3. Return to the City Assessor's Office and show the Official Receipt.                                     | 3. Check the Official Receipt                          | None                   | 5 minutes                                            | LAOO III/IV / Tax Mapper IV                              |
| 3.1 Get information about the schedule of inspection, if any.                                              | 3.1 Set schedule of inspection, if applicable.         | None                   |                                                      |                                                          |

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|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------|-----------------------------------------------------------------------------|
| <b>Day 2:</b>                                                               |                                                                               |                            |                                          |                                                                             |
| 4. Assist CAO personnel during the inspection.                              | 4. Conduct inspection.                                                        | None                       | 2 hours                                  | LAOO III/IV / Tax Mapper III / IV                                           |
| 4.1 Get information about the release date of the Tax Declaration/s.        | 4.1 Advise the client of the release date of the Tax Declarations.            | None                       | 5 minutes                                | Administrative Aide VI / Assessment Clerk II / III / Tax Mapper II / III    |
| 4.2 None                                                                    | 4.2 Prepare the Real Property Field Appraisal & Assessment Sheet (RP-FASS).   | None                       | 5 minutes per consolidate/segregated RPU | Draftsman II/III<br>Tax Mapper II / III                                     |
| 4.3 None                                                                    | 4.3 Process the RP-FAAS for approval and issuance of updated Tax Declaration. | None                       | 20 minutes                               | Administrative Records Management Division                                  |
| 4.4 None                                                                    | 4.4 Encode and print the Tax Declaration for final approval                   | None                       | 2 minutes                                | IT Officer II / Computer Programmer III / Administrative Assistant III / VI |
| 4.5 None                                                                    | 4.5 Approve and sign the documents.                                           | None                       | 2 minutes                                | City Assessor                                                               |
| <b>Day 3:</b>                                                               |                                                                               |                            |                                          |                                                                             |
| 5. Return to the City Assessor's Office on the specified date of release.   | 5. Request the client to sign in the Release Log Book.                        | None                       | 1 minute                                 | Administrative Aide VI                                                      |
| 5.1 Sign in the Release Log Book, and secure the updated Tax Declaration/s. | 5.1 Issue the updated Tax Declaration.                                        | None                       | 3 minutes                                |                                                                             |
|                                                                             | <b>TOTAL:</b>                                                                 | <b>PHP 100.00 per item</b> | <b>3 days*</b>                           |                                                                             |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

## HIGHLY TECHNICAL – FOR SUBDIVISIONS / MULTIPLE OWNERS:

| CLIENT STEPS                                                                                                                                                                      | AGENCY ACTION                                                                                                                                                                                                                                                           | FEES TO BE PAID                                   | PROCESSING TIME                                      | PERSON RESPONSIBLE                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Day 1:</b><br>1. Submit the requirements to the City Assessor's Office (CAO).<br><br>1.1 Secure Order of Payment.                                                              | 1. Check the documents as to completeness and validity.<br><br>1.1 Issue the Order of Payment.                                                                                                                                                                          | None<br><br>None                                  | 5 minutes                                            | Administrative Aide VI / Administrative Officer I / LAOO                                                                                                                                                           |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment.<br><br>2.1 Secure Official Receipt.                                    | 2. Receive the payment based on the Order of Payment.<br><br>2.1 Issue the Official Receipt.                                                                                                                                                                            | Refer to Schedule of Fees on page 14.<br><br>None | Refer to City Treasurer's Office for processing time | Revenue Clerk                                                                                                                                                                                                      |
| 3. Return to the City Assessor's Office and show the Official Receipt.<br><br>3.1 Get information about the schedule of inspection and the release date for the Tax Declarations. | 3. Check the Official Receipt<br><br>3.1 Set schedule of inspection, if applicable and inform the client of the release date for the Tax Declarations.                                                                                                                  | None<br><br>None                                  | 5 minutes                                            | LAOO III/IV / Tax Mapper IV                                                                                                                                                                                        |
| <b>Day 2 to 19:</b><br>4. Assist CAO personnel during the inspection.<br><br>4.1 Get information about the release date of the Tax Declaration/s.<br><br>4.2 None<br><br>4.3 None | 4. Conduct inspection.<br><br>4.1 Advise the client of the release date of the Tax Declarations<br><br>4.2 Prepare the Real Property Field Appraisal & Assessment Sheet (RP-FASS).<br><br>4.3 Process the RP-FAAS for approval and issuance of updated Tax Declaration. | None<br><br>None<br><br>None<br><br>None          | 2 hours<br><br>5 minutes<br><br>18 days              | LAOO III/IV / Tax Mapper III / IV<br><br>Administrative Aide VI / Assessment Clerk II / III / Tax Mapper II / III<br><br>Draftsman II/III<br>Tax Mapper II / III<br><br>Administrative Records Management Division |

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| 4.4 None                                                                                    | 4.4 Encode and print the Tax Declaration for final approval | None                                               |                 | IT Officer II / Computer Programmer III / Administrative Assistant III / VI |
| 4.5 None                                                                                    | 4.5 Approve and sign the documents.                         | None                                               |                 | City Assessor                                                               |
| <b>Day 20:</b><br>5. Return to the City Assessor's Office on the specified date of release. | 5. Request the client to sign in the Release Log Book.      | None                                               | 1 minutes       | Administrative Aide VI                                                      |
| 5.1 Sign in the Release Log Book, and secure the updated Tax Declaration/s.                 | 5.1 Issue the updated Tax Declaration.                      | None                                               | 3 minutes       |                                                                             |
|                                                                                             | <b>TOTAL:</b>                                               | <b>Refer to Schedule of Fees on the next page.</b> | <b>20 days*</b> |                                                                             |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

| Schedule of Fees                                           |                                |
|------------------------------------------------------------|--------------------------------|
| 1. Certified true copy of Tax Declaration                  | PHP 100.00 per piece           |
| 2. Certified photocopy of documents on file                | PHP 100.00 per page            |
| 3. Certified photocopy of old tax declaration              | PHP 200.00 per piece           |
| 4. Certificate of total land holdings (aggregate holdings) | PHP 200.00 per piece           |
| 5. Transfer Fee (ownership, segregation / consolidation)   | PHP 100.00 per tax declaration |

**7. OTHER SERVICES: ANNOTATION OF MORTGAGES, ENCUMBRANCES, COURT CASES, ADVERSE CLAIMS, NOTICE OF LEVY, LIENS, ETC.**

Annotation of mortgage, levy and encumbrances in tax declaration are requested by the owners / persons with legal interest in the property/ies in order to protect their rights of ownership of such property/ies. A copy of the annotated tax declaration shall be issued upon payment of corresponding fee.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY ASSESSOR'S OFFICE<br>ASSESSMENT INFORMATION DIVISION                                                                                                                                                                                                                                         |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Simple                                                                                                                                                                                                                                                                                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                                   |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Real property owners; banks; government agencies; persons with legal interest in ownership of real properties                                                                                                                                                                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                            |
| <b>A. FOR TITLED PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                   |
| <p>Loan mortgages, encumbrances, court cases, adverse claims, notice of levy, liens, etc. – 1 Certified photocopy</p> <p>Letter Request - Original copy</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Real property owner / Bureau of Internal Revenue / banks / courts / law offices / Persons with legal interest in ownership of real property</p> <p>Real property owner / representative of the owner / government agency / persons with legal interest in ownership of real property, etc.</p> |
| <p>Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy</p> <p><i>For corporation-owned property: Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy</i></p> <p>New Transfer Certificate of Title (TCT) – 1 Certified true copy issued within the last six (6) months from the date of request for annotation</p> <p>Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each</p> <p>Annotation Fee Receipt – 1 Original copy</p> <p>Request Form – to be filled out by the client</p> | <p>Real Property Owner / Government Agency</p> <p>Registry of Deeds</p> <p>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</p> <p>City Treasurer's Office</p> <p>City Assessor's Office</p>                                                                    |



| B. FOR UNTITLED PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                                    |
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| <p>Loan mortgages, encumbrances, court cases, adverse claims, notice of levy, liens, etc. – 1 Certified photocopy</p> <p>Letter Request - Original copy</p> <p>Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy</p> <p><i>For corporation-owned property:</i><br/>Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy</p> <p>Documents duly registered at the Office of the Registry of Deeds (Act No. 3344) – Original copy</p> <p>Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each</p> <p>Annotation Fee Receipt – 1 Original copy</p> <p>Request Form – to be filled out by the client</p> |                                                                                                        | <p>Real property owner / Bureau of Internal Revenue / banks / courts / law offices / Persons with legal interest in ownership of real property</p> <p>Real property owner / representative of the owner / government agency / persons with legal interest in ownership of real property, etc.<br/>Real Property Owner / Government Agency</p> <p>Registry of Deeds</p> <p>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</p> <p>City Treasurer's Office</p> <p>City Assessor's Office</p> |                                                      |                                                                                                                                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGENCY ACTION                                                                                          | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PROCESSING TIME                                      | PERSON RESPONSIBLE                                                                                                                 |
| 1. Submit the requirements to the City Assessor's Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Check the documents as to completeness and validity                                                 | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 minutes                                            | Administrative Aide VI / Administrative Officer I / LAOO                                                                           |
| 1.1 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.1 Issue the Order of Payment                                                                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                                    |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. Receive the payment based on the Order of Payment.                                                  | Refer to the Schedule of Annotation Fees at the end of this section.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Refer to City Treasurer's Office for processing time | Revenue Clerk                                                                                                                      |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2.1 Issue the Official Receipt.                                                                        | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                                    |
| 3. Return to the City Assessor's Office and show the Official Receipt for the issuance of tax declaration with annotation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3. Check the Official Receipt.                                                                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 minute                                             | LAOO III / Administrative Aide VI / Assessment Clerk II / III<br><br>LAOO III / Administrative Aide VI / Assessment Clerk II / III |
| 3.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3.1 Record manually the annotation/s on the Real Property Field Appraisal & Assessment Sheet (RP-FAAS) | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6 minutes                                            |                                                                                                                                    |

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|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------|------------------------------------------------------------------------|
| 3.2 None                                                                    | 3.2 Review and sign the RP-FAAS with annotation/s.                                                        | None                                        | 2 minutes          | City Assessor                                                          |
| 3.3 None                                                                    | 3.3 Encode annotation/s and prepare a certified true copy (CTC) of the Tax Declaration with Annotation/s. | None                                        | 5 minutes          | IT Officer II / Computer Programmer III / Administrative Assistant III |
| 3.4 None                                                                    | 3.4 Approve and sign the CTC of the Tax Declaration                                                       | None                                        | 1 minute           | City Assessor                                                          |
| 3.5 Sign in the Release Log Book and secure the CTC of the Tax Declaration. | 3.5 Request the client to sign in the Release Logbook and issue the CTC of the Tax Declaration.           | None                                        | 2 minutes          | Assessment Clerk / Administrative Aide VI                              |
|                                                                             | <b>TOTAL:</b>                                                                                             | Refer to Schedule of Annotation Fees below. | <b>20 minutes*</b> |                                                                        |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

| Schedule of Annotation Fees                                                                          |            |
|------------------------------------------------------------------------------------------------------|------------|
| Annotation of bail, amortization, mortgage encumbrances less than Ten Thousand Pesos (PHP 10,000.00) | PHP 200.00 |
| Annotation of bail, amortization, mortgage encumbrances more than Ten Thousand Pesos (PHP 10,000.00) | PHP 300.00 |

## 8. OTHER SERVICES: PROVISION OF INFORMATION TO QUERIES / VERIFICATIONS

The City Assessor's Office attends to verbal and written queries / requests for verification on property assessment and other property related concerns. A verification fee per tax declaration shall be paid to the City Treasurer's Office for the processing of the request for verification. Other queries may be conveyed in a form of letter submitted to the City Assessor's Office either personally (walk-in), or via mail / telefax / e-mail.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY ASSESSOR'S OFFICE                                                                                                                                                              |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Simple / Complex / Highly Technical                                                                                                                                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Real property owners; banks; government agencies; persons with legal interest in ownership of real properties                                                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>WHERE TO SECURE</b>                                                                                                                                                              |
| Letter of request – Original copy<br><br>Any government-issued ID card of the real property owner and or his/her authorized representative – 1 photocopy each<br><br>Authorization letter signed by the owner, designating a named authorized representative, if applicable – Original copy<br><br><i>For corporation-owned property:</i> Secretary's Certificate attesting to the Board Resolution authorizing the representative – Original copy<br>Request Form – to be accomplished by the client | - Client<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br><br>Declared owner of the real property<br><br><br><br>City Assessor's Office |

### SIMPLE – FOR REAL PROPERTIES ON ACTIVE RECORDS:

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                              | FEES TO BE PAID                                           | PROCESSING TIME                                      | PERSON RESPONSIBLE                                                          |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Day 1:</b>                                                                                      |                                                                            |                                                           |                                                      |                                                                             |
| 1. Submit the requirements to the City Assessor's Office and secure a received copy of the letter. | 1. Receive the letter and return to the client his/her duly received copy. | None                                                      | 3 minutes                                            | Administrative Officer I / Administrative Aide VI / Tax Mapping Aide / LAOO |
| 1.1 Secure Order of Payment.                                                                       | 1.1 Issue the Order of Payment.                                            | None                                                      | 2 minutes                                            |                                                                             |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by                       | 2. Receive the payment based on the Order of Payment.                      | Refer to the Schedule of Fees at the end of this section. | Refer to City Treasurer's Office for processing time | Revenue Clerk                                                               |

|                               |  |  |  |  |
|-------------------------------|--|--|--|--|
| showing the Order of Payment. |  |  |  |  |
|-------------------------------|--|--|--|--|

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                             |                                                              |                                     |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------|
| 2.1 Secure Official Receipt.                                                                                                                                                                    | 2.1 Issue the Official Receipt.                                                                                                                                                                                                                                                                                             | None                                                         |                                     |                                                   |
| 3. Return to the City Assessor's Office and show the Official Receipt.                                                                                                                          | 3. Check the Official Receipt and forward the letter to division concerned for processing.                                                                                                                                                                                                                                  | None                                                         | 2 minutes                           | Administrative Aide VI / Administrative Officer I |
| 3.1 Get information about the tentative date for the release of reply.                                                                                                                          | 3.1 Advise the client of the tentative date for the release of reply.                                                                                                                                                                                                                                                       | None                                                         | 1 minute                            | Administrative Aide VI / Administrative Officer I |
| <b>Day 2:</b><br>3.2 None<br><br>3.3 Provide answers to clarifications.                                                                                                                         | 3.2 Process the request.<br><br>3.3 Contact the client for clarifications, if needed.                                                                                                                                                                                                                                       | None                                                         | 1 day                               | Division concerned                                |
| <b>Day 3:</b><br>4. Return to the City Assessor's Office on the release date and show the Official Receipt.<br><br>4.1 Sign in the Release Log Book and secure the letter of reply / documents. | 4. Check the Official Receipt and request the client to sign in the Release Log Book.<br><br>4.1 Issue the letter of reply / document/s pertinent to the client's verification request.<br><br>For mail / telefax / e-mail, record the letter of reply and send it to the client's mailing/ e-mail address/ telefax number. | None<br><br>None                                             | 3 minutes                           | Administrative Aide VI<br><br>Assessment Clerk II |
|                                                                                                                                                                                                 | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                               | <b>Refer to Schedule of Fees at the end of this section.</b> | <b>3 days – for simple concern*</b> |                                                   |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

**COMPLEX – FOR REAL PROPERTIES NEEDING FURTHER EVALUATION  
OF THE CURRENT AND ARCHIVED PROPERTY RECORDS:**

| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                              | FEES TO BE PAID                                       | PROCESSING TIME                                      | PERSON RESPONSIBLE                                                          |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Day 1:</b>                                                                                              |                                                                                            |                                                       |                                                      |                                                                             |
| 1. Submit the requirements to the City Assessor's Office and secure a received copy of the letter.         | 1. Receive the letter and return to the client his/her duly received copy.                 | None                                                  | 3 minutes                                            | Administrative Officer I / Administrative Aide VI / Tax Mapping Aide / LAOO |
| 1.1 Secure Order of Payment.                                                                               | 1.1 Issue the Order of Payment.                                                            | None                                                  | 2 minutes                                            |                                                                             |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment. | 2. Receive the payment based on the Order of Payment.                                      | Refer to Schedule of Fees at the end of this section. | Refer to City Treasurer's Office for processing time | Revenue Clerk                                                               |
| 2.1 Secure Official Receipt.                                                                               | 2.1 Issue the Official Receipt.                                                            | None                                                  |                                                      |                                                                             |
| 3. Return to the City Assessor's Office and show the Official Receipt.                                     | 3. Check the Official Receipt and forward the letter to division concerned for processing. | None                                                  | 2 minutes                                            | Administrative Aide VI / Administrative Officer I                           |
| 3.1 Get information about the tentative date for the release of reply.                                     | 3.1 Advise the client of the tentative date for the release of reply.                      | None                                                  | 1 minute                                             | Administrative Aide VI / Administrative Officer I                           |
| <b>Day 2 to 6:</b>                                                                                         |                                                                                            |                                                       |                                                      |                                                                             |
| 4. None                                                                                                    | 4. Process the request.                                                                    | None                                                  | 5 days                                               | Administrative Assistant VI / Draftsman / Tax Mapper III / IV               |
| 4.1 None                                                                                                   | 4.1 Gather the relevant records on file.                                                   | None                                                  |                                                      |                                                                             |
| 4.2 None                                                                                                   | 4.2 Evaluate the real property records on file                                             | None                                                  |                                                      | City Assessor / Asst. City Assessor                                         |
| 4.3 None                                                                                                   | 4.3 Prepare draft reply letter to query                                                    | None                                                  |                                                      | LAOO I / Info Tech Officer II                                               |

|                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                             |                                                           |                                      |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|
| 4.4 None                                                                                                                                                                                            | 4.4 Review draft reply letter for completeness, and forward draft reply letter to City Administrator's Office for review and approval                                                                                                                                                                                       | None                                                      |                                      | City Assessor                                                         |
| 4.5 None                                                                                                                                                                                            | 4.5 Review and approve the draft reply letter as to correctness and conformity to procedures                                                                                                                                                                                                                                | None                                                      |                                      | City Administrator's Office                                           |
| 4.6 None                                                                                                                                                                                            | 4.6 Prepare final reply letter to query                                                                                                                                                                                                                                                                                     | None                                                      |                                      | LAOO I / Info Tech Officer II                                         |
| 4.7 None                                                                                                                                                                                            | 4.7 Approve and sign the final reply letter.                                                                                                                                                                                                                                                                                | None                                                      |                                      | City Assessor                                                         |
| <b>Day 7:</b><br><br>5. Return to the City Assessor's Office on the release date and show the Official Receipt.<br><br>5.1 Sign in the Release Log Book and secure the letter of reply / documents. | 5. Check the Official Receipt and request the client to sign in the Release Log Book.<br><br>5.1 Issue the letter of reply / document/s pertinent to the client's verification request.<br><br>For mail / telefax / e-mail, record the letter of reply and send it to the client's mailing/ e-mail address/ telefax number. | None<br><br><br><br><br><br><br>None                      | 3 minutes                            | Administrative Aide VI<br><br><br><br><br><br><br>Assessment Clerk II |
|                                                                                                                                                                                                     | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                               | Refer to the Schedule of Fees at the end of this section. | <b>7 days – for complex concern*</b> |                                                                       |

*Note: The total processing time indicated applies solely to this office and does not account for the processing times of other offices involved in the transaction. Requests are processed in the order received; client volume affects waiting time before processing starts.*

### **HIGHLY TECHNICAL – FOR REAL PROPERTIES NEEDING LEGAL CONSULTATION AND/OR VERIFICATION FROM NATIONAL AGENCIES:**

| <b>CLIENT STEPS</b>                                                                                                     | <b>AGENCY ACTION</b>                                                       | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                                   |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------------------------------|
| <b>Day 1:</b><br><br>1. Submit the requirements to the City Assessor's Office and secure a received copy of the letter. | 1. Receive the letter and return to the client his/her duly received copy. | None                   | 3 minutes              | Administrative Officer I / Administrative Aide VI / Tax Mapping Aide / LAOO |

|                                                                                                            |                                                                                                                                    |                                                       |                                                      |                                                               |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| 1.1 Secure Order of Payment.                                                                               | 1.1 Issue the Order of Payment.                                                                                                    | None                                                  | 2 minutes                                            |                                                               |
| 2. Pay the required fees to the City Treasurer's Office – Window 11/12/13 by showing the Order of Payment. | 2. Receive the payment based on the Order of Payment.                                                                              | Refer to Schedule of Fees at the end of this section. | Refer to City Treasurer's Office for processing time | Revenue Clerk                                                 |
| 2.1 Secure Official Receipt.                                                                               | 2.1 Issue the Official Receipt.                                                                                                    | None                                                  |                                                      |                                                               |
| 3. Return to the City Assessor's Office and show the Official Receipt.                                     | 3. Check the Official Receipt and forward the letter to the division concerned for processing.                                     | None                                                  | 2 minutes                                            | Administrative Aide VI / Administrative Officer I             |
| 3.1 Get information about the tentative date for the release of the reply.                                 | 3.1 Advise the client of the tentative date for the release of the reply.                                                          | None                                                  | 1 minute                                             | Administrative Aide VI / Administrative Officer I             |
| <b>Day 2 to 19:</b><br>4. None                                                                             | 4. Process the request.                                                                                                            | None                                                  | 18 days                                              | Administrative Assistant VI / Draftsman / Tax Mapper III / IV |
| 4.1 None                                                                                                   | 4.1 Gather the relevant records on file.                                                                                           | None                                                  |                                                      | City Assessor / Asst. City Assessor                           |
| 4.2 None                                                                                                   | 4.2 Evaluate the real property records on file                                                                                     | None                                                  |                                                      |                                                               |
| 4.3 None                                                                                                   | 4.3 Prepare request letter to national government agencies (NGA) for verification and/or City Legal Office (CLO) for legal opinion | None                                                  |                                                      | LAOO I                                                        |

|          |                                                                                                                                       |      |  |               |
|----------|---------------------------------------------------------------------------------------------------------------------------------------|------|--|---------------|
| 4.4 None | 4.4 NGA and/or CLO reviews and prepares verification reply letter and/or legal opinion                                                | None |  | NGA / CLO     |
| 4.5 None | 4.5 Upon receipt of NGA findings and/or CLO legal opinion, prepare draft reply letter to query                                        | None |  | LAOO I        |
| 4.6 None | 4.6 Review draft reply letter for completeness, and forward draft reply letter to City Administrator's Office for review and approval | None |  | City Assessor |





| <b>Schedule of Fees</b>                                   |            |
|-----------------------------------------------------------|------------|
| Verification on Tax Map                                   | PHP 50.00  |
| Certificate of Adjacent Property based on Tax Declaration | PHP 100.00 |
| Certificate of No Improvement                             | PHP 100.00 |
| Certificate of Actual Location                            | PHP 100.00 |

## 9. FILING OF COMPLAINT

Clients of the Office of the City Assessor (OCA) may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during their transactions at the OCA.

|                                                                                    |                                                                                                                            |                                                                                  |                             |                                                               |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                       | CITY ASSESSOR'S OFFICE                                                                                                     |                                                                                  |                             |                                                               |
| <b>CLASSIFICATION:</b>                                                             | Simple                                                                                                                     |                                                                                  |                             |                                                               |
| <b>TYPES OF TRANSACTION:</b>                                                       | G2C – Government to Citizen                                                                                                |                                                                                  |                             |                                                               |
| <b>WHO MAY AVAIL:</b>                                                              | OCA clients                                                                                                                |                                                                                  |                             |                                                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                   |                                                                                                                            | <b>WHERE TO SECURE</b>                                                           |                             |                                                               |
| Duly accomplished Complaint Form – Original copy                                   |                                                                                                                            | - OCA Administrative Section                                                     |                             |                                                               |
| Any valid government-issued photo ID card – 1 photocopy                            |                                                                                                                            | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                             |                                                               |
| <b>CLIENT STEPS</b>                                                                | <b>AGENCY ACTION</b>                                                                                                       | <b>FEES TO BE PAID</b>                                                           | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b>                                     |
| 1. Submit the requirements.                                                        | 1. Receive the requirements and verify the nature of the complaint.                                                        | None                                                                             | 4 minutes                   | Administrative Staff                                          |
| 1.1 Proceed to the OCA Administrative Section concerned for an interview/dialogue. | 1.1 Endorse the complaint to the OCA Division Head concerned.                                                              | None                                                                             | 1 minute                    | Administrative Staff                                          |
| 2. Provide details of the complaint.                                               | 2. Interview the client and/or conduct dialogue with the OCA staff concerned.                                              | None                                                                             | 10-20 minutes               | Division Head concerned / City Assessor / Asst. City Assessor |
| 2.1 Obtain the desired resolution of the complaint.                                | 2.1 Resolve the issues and concerns raised by the client.                                                                  | None                                                                             | 5-20 minutes                | Division Head concerned / City Assessor / Asst. City Assessor |
| 2.2 None                                                                           | 2.2 Prepare the minutes of the interview/ dialogue to be noted by the OCA Head.                                            | None                                                                             | 5-10 minutes                | Division Head concerned / City Assessor / Asst. City Assessor |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy.     | 3. Provide the client with a copy of the minutes of the dialogue and ensure that the client has signed the receiving copy. | None                                                                             | 5 minutes                   | Administrative Staff                                          |
| <b>TOTAL:</b>                                                                      |                                                                                                                            | None                                                                             | <b>30 minutes to 1 hour</b> |                                                               |



# **City Economic Enterprise Office – City Public Cemetery External Services**



## 1. APPLICATION FOR LEASE OF BURIAL SPACE

Interment/lease of burial space in the City Public Cemetery is available for Antipolo residents only. City Ordinance No. 2017-796 provides for the guidelines and procedures in the establishment, management, and operation of Antipolo City public cemeteries. City Ordinance No. 2019-927, on the other hand, provides that no fees shall be collected from residents of Antipolo City for the rental of burial space at the Public Cemetery.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY PUBLIC CEMETERY ADMIN. OFFICE                         |                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Simple                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen                                                                   |                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Antipolo residents                                                                            |                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                     |                 |                                    |
| <i>Original and photocopy of the following:</i><br><br>1. Barangay Certificate of Indigency<br>2. Proof of residency – any of the following:<br>a. Barangay Certificate of Residency of the deceased<br>b. Voter's ID card or Certificate of Voter Registration of the deceased adult resident<br>c. Certificate of Birth in case of infant and children<br>d. Any proof of residency of the deceased resident as verified by the CSWDO Head<br>3. Any government-issued ID card of the deceased<br><br>4. Registered Certificate of Death<br>5. Official Receipt of payment for burial fee<br><br>6. Burial Permit<br>7. Letter of request addressed to the city mayor<br>8. Guarantee Letter / Document Tracking Form (DTF) |                                                                                               | - Barangay Hall<br><br>- Barangay Hall<br><br>- COMELEC Antipolo City<br><br>- City Civil Registrar's Office<br><br>- Client / CSWDO<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN)<br>- Local Civil Registrar's Office<br>- City Treasurer's Office / Cashier at the City Health Office<br>- City Health Office<br>- Client<br>- Mayor's Help Desk |                 |                                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                                                                                 | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                     | PROCESSING TIME | PERSON RESPONSIBLE                 |
| 1. Inquire at the Mayor's Help Desk, 2nd Floor, Antipolo City Hall Main Building, on the availability of a niche and submit the requirements for the issuance of a guarantee letter/DTF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Check the database for the availability of a niche. Receive and evaluate the requirements. | None                                                                                                                                                                                                                                                                                                                                                                                | 1 hour          | CSWDO Personnel, Mayor's Help Desk |
| 1.1 Receive the guarantee letter for the free rental of burial space.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.1 Issue the guarantee letter/DTF to the client.                                             | None                                                                                                                                                                                                                                                                                                                                                                                |                 |                                    |

|                                                                                                             |                                                                                                                                              |                                                                   |                                                                |                                                         |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|
| 2. Proceed to the City Health Office (CHO) to secure a burial permit.                                       | 2. Perform the procedures for the issuance of a Burial Permit.                                                                               | Refer to the Permit Fees for Cadaver Disposition and Others below | 1 hour<br><br>Refer to the Citizen's Charter for CHO services. | CHO staff, Environmental Health and Sanitation Division |
| 3. Proceed to the City Public Cemetery Admin. Office and submit the guarantee letter/DTF.                   | 3. Receive the guarantee letter/DTF and prepare the Niche Rental Agreement ( <i>Kasunduan sa Paggamit ng Nitso</i> ).                        | None                                                              | 20 minutes                                                     | Cemetery Admin. Personnel                               |
| 3.1 Read and sign the Niche Rental Agreement.                                                               | 3.1 Request the client to read and sign the Agreement.                                                                                       | None                                                              |                                                                |                                                         |
| 3.2 Receive a copy of the rental agreement and obtain information as to the interment policy and procedure. | 3.2 Issue the client's copy of the niche agreement, calendar the date of interment, and orient the client on interment policy and procedure. | None                                                              |                                                                |                                                         |
|                                                                                                             | <b>TOTAL:</b>                                                                                                                                | Refer to the Permit Fees for Cadaver Disposition and Others below | <b>2 hours, 20 minutes</b>                                     |                                                         |

**PERMIT FEES FOR CADAVER DISPOSITION AND OTHERS**  
(Sec. 4I.01, City Ordinance No. 2018-879)

| Services                                                        | Fee        |
|-----------------------------------------------------------------|------------|
| Burial Permit (Residents who died in Antipolo)                  | PHP 100.00 |
| Burial Permit (Non-residents)                                   | PHP 200.00 |
| Cremation Permit                                                | PHP 500.00 |
| Exhumation of Cadaver Permit                                    | PHP 500.00 |
| Transfer of cadaver to another place                            | PHP 300.00 |
| Interment of cadaver                                            | PHP 300.00 |
| Re-opening of Niche                                             | PHP 500.00 |
| Cremation Permit                                                | PHP 500.00 |
| Discount for Senior Citizens and Persons with Disability (PWDs) | 20%        |

## 2. AVAILMENT OF CREMATION SERVICES

Cremation at the City Public Cemetery is available for both Antipolo residents and non-residents. City Ordinance No. 2017-796 provides for the guidelines and procedures in the establishment, management, and operation of Antipolo City Public Cemetery. City Ordinance No. 2019-927, on the other hand, provides that no fees shall be collected from residents of Antipolo City for cremation services of the Public Cemetery.

|                              |                                                                       |
|------------------------------|-----------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b> | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY PUBLIC CEMETERY ADMIN. OFFICE |
| <b>CLASSIFICATION:</b>       | Simple                                                                |
| <b>TYPES OF TRANSACTION:</b> | G2C – Government to Citizen                                           |
| <b>WHO MAY AVAIL:</b>        | Antipolo residents and non-residents                                  |

### For Antipolo Residents:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                     |                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|
| <i>Original and photocopy of the following:</i><br><br>1. Barangay Certificate of Indigency<br>2. Proof of residency – any of the following:<br>a. Barangay Certificate of Residency of the deceased<br>b. Voter's ID card or Certificate of Voter Registration of the deceased adult resident<br>c. Certificate of Birth in case of infant and children<br>d. Any proof of residency of the deceased resident as verified by the CSWDO Head<br>3. Any government-issued ID card of the deceased<br><br>4. Registered Certificate of Death<br>5. Official Receipt of payment for cremation fee<br><br>6. Cremation Permit<br>7. Letter of request addressed to the city mayor<br>8. Guarantee Letter / Document Tracking Form (DTF) |                                                                                     | - Barangay Hall<br><br>- Barangay Hall<br><br>- COMELEC Antipolo City<br><br>- City Civil Registrar's Office<br><br>- Client / CSWDO<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN)<br>- Local Civil Registrar's Office<br>- City Treasurer's Office / Cashier at the City Health Office<br>- City Health Office<br>- Client<br>- Mayor's Help Desk |                 |                                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AGENCY ACTION                                                                       | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                     | PROCESSING TIME | PERSON RESPONSIBLE                 |
| 1. Inquire at the Mayor's Help Desk, 2nd Floor, Antipolo City Hall Main Building, on the availability cremation schedule and submit the requirements for the issuance of a guarantee letter/DTF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Check the calendar of cremation schedules. Receive and evaluate the requirements | None                                                                                                                                                                                                                                                                                                                                                                                | 55 minutes      | CSWDO Personnel, Mayor's Help Desk |
| 1.1 Receive the guarantee letter for the free cremation and urn.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.1 Issue the guarantee letter/DTF to the client.                                   | None                                                                                                                                                                                                                                                                                                                                                                                | 5 minutes       |                                    |

|                                                                                                                       |                                                                                                                                                             |                                                                            |                                                                |                                                         |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|
| 2. Proceed to the City Health Office (CHO) to secure a cremation permit.                                              | 2. Perform the procedures for the issuance of a Cremation Permit.                                                                                           | Refer to the Cremation Services Rate and Lease Term of the Ash Vault below | 1 hour<br><br>Refer to the Citizen's Charter for CHO services. | CHO staff, Environmental Health and Sanitation Division |
| 3. Proceed to the City Public Cemetery Admin. Office and submit the guarantee letter/DTF.                             | 3. Receive the guarantee letter/DTF and prepare the Cremation Authorization.                                                                                | None                                                                       | 10 minutes                                                     | Cemetery Admin. Personnel                               |
| 3.1 Read and sign the Cremation Authorization.                                                                        | 3.1 Check if the Cremation Authorization is completely signed.                                                                                              | None                                                                       | 2 minutes                                                      |                                                         |
| 3.2 Receive a copy of the Cremation Authorization and obtain information as to the cremation policies and procedures. | 3.2 Issue the client's copy of the Cremation Authorization, calendar the date of the cremation, and orient the client on cremation policies and procedures. | None                                                                       | 8 minutes                                                      |                                                         |
|                                                                                                                       | <b>TOTAL:</b>                                                                                                                                               | Refer to the Cremation Services Rate and Lease Term of the Ash Vault below | <b>2 hours, 20 minutes</b>                                     |                                                         |

**For Non-residents:**

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                        |                                               | WHERE TO SECURE                                                                                                                                                                                      |                 |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|
| <i>Original and photocopy of the following:</i><br><br>1. Any government-issued ID card of the deceased<br><br>2. Registered Certificate of Death<br>3. Official Receipt of payment for cremation fee<br><br>4. Cremation Permit |                                               | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN)<br>- Local Civil Registrar's Office<br>- City Treasurer's Office / Cashier at the City Health Office<br>- City Health Office |                 |                                    |
| CLIENT STEPS                                                                                                                                                                                                                     | AGENCY ACTION                                 | FEES TO BE PAID                                                                                                                                                                                      | PROCESSING TIME | PERSON RESPONSIBLE                 |
| 1. Inquire at the Mayor's Help Desk, 2nd Floor, Antipolo City Hall Main Building, on the availability cremation schedule.                                                                                                        | 1. Check the calendar of cremation schedules. | None                                                                                                                                                                                                 | 8 minutes       | CSWDO Personnel, Mayor's Help Desk |

|                                                                                                                       |                                                                                                                                                             |                                                                            |                                                                |                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1.1 Secure the Order of Payment.                                                                                      | 1.1 Issue the Order of Payment.                                                                                                                             | None                                                                       | 2 minutes                                                      |                                                                                             |
| 2. Proceed to the City Health Office (CHO) to secure a Cremation services and cremation permit.                       | 2. Perform the procedures for the issuance of a Cremation services and Cremation Permit.                                                                    | Refer to the Cremation Services Rate below                                 | 1 hour<br><br>Refer to the Citizen's Charter for CHO services. | CHO staff,<br>Environmental Health and Sanitation Division<br>/<br>Revenue Collection Clerk |
| 3. Proceed to the City Public Cemetery Admin. Office and submit the requirements.                                     | 3. Receive the requirements and prepare the Cremation Authorization.                                                                                        | None                                                                       | 20 minutes                                                     | Cemetery Admin. Personnel                                                                   |
| 3.1 Read and sign the Cremation Authorization.                                                                        | 3.1 Check if the Cremation Authorization is completely signed.                                                                                              | None                                                                       | 2 minutes                                                      |                                                                                             |
| 3.2 Receive a copy of the Cremation Authorization and obtain information as to the cremation policies and procedures. | 3.2 Issue the client's copy of the Cremation Authorization, calendar the date of the cremation, and orient the client on cremation policies and procedures. | None                                                                       | 8 minutes                                                      |                                                                                             |
|                                                                                                                       | <b>TOTAL:</b>                                                                                                                                               | Refer to the Cremation Services Rate and Lease Term of the Ash Vault below | <b>1 hour, 40 minutes</b>                                      |                                                                                             |

**CREMATION SERVICES RATE AND LEASE TERM OF ASH VAULT**  
(Section 20, City Ordinance No. 2019-927)

| Services                                                        | Fee           |
|-----------------------------------------------------------------|---------------|
| Cremation Permit                                                | PHP 500.00    |
| Crematorium Services                                            | PHP 15,000.00 |
| Cremation of bones/remains                                      | PHP 5,000.00  |
| Ash Vault (3-year contract)                                     | PHP 3,000.00  |
| Special Rates for infants, children, and youth                  |               |
| a. Infants                                                      | PHP 3,000.00  |
| b. Children below 12 years old                                  | PHP 5,000.00  |
| c. Children below 18 years old                                  | PHP 7,000.00  |
| Discount for Senior Citizens and Persons with Disability (PWDs) | 20%           |



### 3. AVAILMENT OF FUNERAL SERVICES

Funeral Service at the City Public Cemetery is available for Antipolo residents. The **Republic Act No. 12309 or “Free Funeral Services Act”** (effective Sept. 28, 2025) mandates **provision of free funeral services for indigent families** across the Philippines. The City Government of Antipolo provides free Funeral Services thru CEEO/City Public Cemetery (expanded funeral services) all residents of Antipolo City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                                                                                                                     |                                                                |                                                         |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY PUBLIC CEMETERY ADMIN. OFFICE              |                                                                                                                                                                                                                                                                     |                                                                |                                                         |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Simple                                                                             |                                                                                                                                                                                                                                                                     |                                                                |                                                         |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen                                                        |                                                                                                                                                                                                                                                                     |                                                                |                                                         |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Antipolo residents and non-residents                                               |                                                                                                                                                                                                                                                                     |                                                                |                                                         |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                              |                                                                |                                                         |
| <i>Original and photocopy of the following:</i><br><br>1. Proof of residency – any of the following:<br>a. Barangay Certificate of Residency of the deceased<br>b. Voter's ID card or Certificate of Voter Registration of the deceased adult resident<br>c. Certificate of Birth in case of infant and children<br>d. Any proof of residency of the deceased resident as verified by the CSWDO Head<br>2. Any government-issued ID card of the deceased<br><br>3. Registered Certificate of Death<br>4. Letter of request addressed to the city mayor<br>5. Guarantee Letter / Document Tracking Form (DTF) |                                                                                    | - Barangay Hall<br><br>- COMELEC Antipolo City<br><br>- City Civil Registrar's Office<br><br>- Client / CSWDO<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN)<br>- Local Civil Registrar's Office<br>- Client<br>- Mayor's Help Desk |                                                                |                                                         |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>AGENCY ACTION</b>                                                               | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                              | <b>PROCESSING TIME</b>                                         | <b>PERSON RESPONSIBLE</b>                               |
| 1. Inquire at the Mayor's Help Desk, 2nd Floor, Antipolo City Hall Main Building, on the availability Funeral Services and submit the requirements for the issuance of guarantee letter / DTF                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Check the availability of Funeral Service. Received and evaluated requirements. | None                                                                                                                                                                                                                                                                | 55 minutes                                                     | CSWDO Personnel, Mayor's Help Desk                      |
| 1.1 Receive the guarantee letter / DTF for funeral services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.1 Issue the guarantee letter / DTF to client                                     | None                                                                                                                                                                                                                                                                | 5 minutes                                                      |                                                         |
| 2. Proceed to the City Health Office (CHO) to secure the necessary permit needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. Perform the procedures for the issuance of the necessary permit needed.         | None                                                                                                                                                                                                                                                                | 1 hour<br><br>Refer to the Citizen's Charter for CHO services. | CHO staff, Environmental Health and Sanitation Division |
| 3. Proceed to the City Public Cemetery Admin. Office and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3. Perform the procedures based on the request Funeral                             | None                                                                                                                                                                                                                                                                | 4 hours                                                        | Cemetery Funeral Personnel                              |

|                                   |                                                                                                                 |             |                |  |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|----------------|--|
| submit the guarantee letter / DTF | Services (e.g. Cadaver pick-up, embalming w/ make-up, casket provision, funeral chapel, funeral car assistance) |             |                |  |
|                                   | <b>TOTAL:</b>                                                                                                   | <b>None</b> | <b>6 hours</b> |  |

## 4. AVAILMENT OF DISINTERMENT / EXHUMATION SERVICES

Application for disinterment or exhumation of remains from the City Public Cemetery shall be processed at the City Public Cemetery Admin. Office. City Ordinance No. 2017-796 provides for the guidelines and procedures in the establishment, management, and operation of Antipolo City public cemeteries.

|                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                               |                            |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                 | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY PUBLIC CEMETERY ADMIN. OFFICE                                                                                                        |                                                                               |                            |                                                                        |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                       | Simple                                                                                                                                                                       |                                                                               |                            |                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                 | G2C – Government to Citizen                                                                                                                                                  |                                                                               |                            |                                                                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                        | Antipolo residents and non-residents                                                                                                                                         |                                                                               |                            |                                                                        |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                             |                                                                                                                                                                              | <b>WHERE TO SECURE</b>                                                        |                            |                                                                        |
| 1. Official Receipt of payment for exhumation fee – Original and 1 photocopy<br>2. Exhumation Permit – Original and 1 photocopy                                                                                              |                                                                                                                                                                              | - City Treasurer's Office<br><br>- City Health Office                         |                            |                                                                        |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                          | <b>AGENCY ACTION</b>                                                                                                                                                         | <b>FEES TO BE PAID</b>                                                        | <b>PROCESSING TIME</b>     | <b>PERSON RESPONSIBLE</b>                                              |
| 1. Submit the requirements to the City Public Cemetery Admin. Office.<br><br>1.1 Secure the Order of Payment for other fees.                                                                                                 | 1. Receive the requirements and check the records on file.<br><br>1.1 Issue the Order of Payment.                                                                            | None<br><br>None                                                              | 3 minutes<br><br>2 minutes | Cemetery Admin. Personnel                                              |
| 2. Pay the required fees by showing the Order of Payment at the designated Payment Window.<br><br>2.1 Secure the Official Receipt.                                                                                           | 2. Accept the payment based on the Order of Payment.<br><br>2.1 Issue the Official Receipt.                                                                                  | Refer to the Permit Fees for cadaver disposition and others below<br><br>None | 25 minutes                 | Revenue Collection Clerk, City Treasurer's Office / City Health Office |
| 3. Return to the City Public Cemetery Admin. Office, show the Official Receipt and submit its photocopy.<br><br>3.1 Obtain a schedule for the disinterment/ exhumation and orientation on pertinent policies and procedures. | 3. Check the Official Receipt and receive the photocopy.<br><br>3.1 Set the schedule of disinterment/ exhumation and orient the client on pertinent policies and procedures. | None<br><br>None                                                              | 2 minutes<br><br>8 minutes | Cemetery Admin. Personnel                                              |
|                                                                                                                                                                                                                              | <b>TOTAL:</b>                                                                                                                                                                | Permit Fees for cadaver disposition and others below                          | <b>40 minutes</b>          |                                                                        |

**PERMIT FEES FOR CADAVER DISPOSITION AND OTHERS**  
(Sec. 4I.01, City Ordinance No. 2018-879)

| <b>Services</b>                                                 | <b>Fee</b> |
|-----------------------------------------------------------------|------------|
| Burial Permit (Residents who died in Antipolo)                  | PHP 100.00 |
| Burial Permit (Non-residents)                                   | PHP 200.00 |
| Cremation Permit                                                | PHP 500.00 |
| Exhumation of Cadaver Permit                                    | PHP 500.00 |
| Transfer of cadaver to another place                            | PHP 300.00 |
| Interment of cadaver                                            | PHP 300.00 |
| Re-opening of Niche                                             | PHP 500.00 |
| Cremation Permit                                                | PHP 500.00 |
| Discount for Senior Citizens and Persons with Disability (PWDs) | 20%        |

## 5. FILING OF COMPLAINT

Clients of the City Public Cemetery Administration Office may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during their transactions at the City Public Cemetery.

|                                                                                                       |                                                                                                                            |                                                                                                                      |                                 |                                                 |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                          | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY PUBLIC CEMETERY ADMIN. OFFICE                                                      |                                                                                                                      |                                 |                                                 |
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                                                                     |                                                                                                                      |                                 |                                                 |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                      | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                              |                                                                                                                      |                                 |                                                 |
| <b>WHO MAY AVAIL:</b>                                                                                 | All                                                                                                                        |                                                                                                                      |                                 |                                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                      |                                                                                                                            | <b>WHERE TO SECURE</b>                                                                                               |                                 |                                                 |
| 1. Duly accomplished Complaint Form – Original copy<br>2. Any government-issued ID card – 1 photocopy |                                                                                                                            | - CMA Administrative Section<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                                 |                                                 |
| <b>CLIENT STEPS</b>                                                                                   | <b>AGENCY ACTION</b>                                                                                                       | <b>FEES<br/>TO BE<br/>PAID</b>                                                                                       | <b>PROCESSING<br/>TIME</b>      | <b>PERSON<br/>RESPONSIBLE</b>                   |
| 1. Submit the requirements.                                                                           | 1. Receive the requirements and verify the nature of the complaint.                                                        | None                                                                                                                 | 4 minutes                       | Cemetery Admin. Personnel                       |
| 1.1 Proceed to the Cemetery Supervisor for an interview/ dialogue.                                    | 1.1 Endorse the complaint to the Cemetery Supervisor.                                                                      | None                                                                                                                 | 1 minute                        | Cemetery Admin. Personnel                       |
| 2. Provide details of the complaint.                                                                  | 2. Interview the client and/or conduct dialogue with the Cemetery staff concerned.                                         | None                                                                                                                 | 20 minutes                      | Cemetery Supervisor                             |
| 2.1 Obtain the desired resolution of the complaint.                                                   | 2.1 Resolve the issues and concerns raised by the client.                                                                  | None                                                                                                                 | 5-20 minutes                    | Cemetery Supervisor                             |
| 2.2 None                                                                                              | 2.2 Prepare the minutes of the interview/ dialogue to be noted by the Cemetery Supervisor.                                 | None                                                                                                                 | 5-10 minutes                    | Cemetery Admin. Personnel / Cemetery Supervisor |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy.                        | 3. Provide the client with a copy of the minutes of the dialogue and ensure that the client has signed the receiving copy. | None                                                                                                                 | 5 minutes                       | Administrative Staff                            |
| <b>TOTAL:</b>                                                                                         |                                                                                                                            | <b>None</b>                                                                                                          | <b>40 minutes to<br/>1 hour</b> |                                                 |



# **City Environment and Waste Management Office External Services**



## 1. ISSUANCE OF ENVIRONMENTAL PERMIT TO OPERATE (EPO) AND CERTIFICATE OF ATTENDANCE (CA)

The City Environment and Waste Management Office (CEWMO) through its Environmental Pollution Control & Enforcement Division (EPCED) issues Environmental Permit to Operate (EPO) and Certificate of Attendance (CA) to Pollution Control and Solid Waste Management Seminar to compliant business establishments pursuant to Sections 9 (b) and 10 (a) of the City Ordinance No. 2008-287 otherwise known as the "Antipolo City's Solid Waste Management Code of 2008."

| <b>OFFICE/ DIVISION:</b>                                                                   | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE<br>ENVIRONMENTAL POLLUTION CONTROL & ENFORCEMENT DIVISION |                 |                 |                                                                        |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                     | Simple                                                                                                 |                 |                 |                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                               | G2G – Government to Government;<br>G2B – Government to Business                                        |                 |                 |                                                                        |
| <b>WHO MAY AVAIL:</b>                                                                      | Business owners, professionals/practitioners maintaining an office/clinic                              |                 |                 |                                                                        |
| CHECKLIST OF REQUIREMENTS                                                                  |                                                                                                        | WHERE TO SECURE |                 |                                                                        |
| Notarized Unified Business Permit Application Form                                         |                                                                                                        | BPLO            |                 |                                                                        |
| DTI Business Name Registration / SEC Registration / CDA Registration                       |                                                                                                        | DTI             |                 |                                                                        |
| Zoning / Locational Clearance (Office of the Building Official)                            |                                                                                                        | OBO             |                 |                                                                        |
| For pollutive industries and services – Clearances from other government agencies such as: |                                                                                                        |                 |                 |                                                                        |
| Laguna Lake Development Authority (LLDA) Clearance                                         |                                                                                                        | LLDA            |                 |                                                                        |
| Environmental Compliance Certificate, if applicable                                        |                                                                                                        | DENR            |                 |                                                                        |
| Discharge Permit                                                                           |                                                                                                        | LLDA            |                 |                                                                        |
| Certificate of Non-Coverage                                                                |                                                                                                        | DENR            |                 |                                                                        |
| CLIENT STEPS                                                                               | AGENCY ACTION                                                                                          | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                     |
| 1. Submission of requirements through Antipolo Online Services (EBOSS)                     | 1. Receive the requirements.                                                                           | None            | 2 minutes       | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 1.1 None                                                                                   | 1.1 Check in the database if the client has pending environmental violation/s.                         | None            | 2 minutes       | Environmental Pollution Control & Enforcement Division Receiving Clerk |

|            |                                          |  |  |                                                                        |
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| 1.1.1 None | 1.1.1. If none, proceed with the process |  |  | Environmental Pollution Control & Enforcement Division Receiving Clerk |
|------------|------------------------------------------|--|--|------------------------------------------------------------------------|

|                                                                                                            |                                                                                                              |                                                 |                   |                                                        |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|--------------------------------------------------------|
| 1.2 None                                                                                                   | 2.If there is pending environmental violations, a receipt or clearance showing compliance must be submitted. | None                                            | 1 minute          |                                                        |
| 2. Attend the scheduled seminar (Antipolo City's Solid Waste Management Code of 2008)                      | 2. Schedule and conduct a solid waste management seminar according to the nature of business                 | None                                            | 45 minutes        | Environmental Pollution Control & Enforcement Division |
| 3. Upon approval of all corresponding regulatory offices, print the Statement of Assessment.               | 3. None                                                                                                      | None                                            | None              |                                                        |
| 3.1 Pay at Window 11 of the City Treasurer's Office by showing the Statement of Assessment.                | 3.1 Accept the payment based on the Statement of Assessment.                                                 | Amount indicated on the Statement of Assessment | 1 minute          | Revenue Collection Clerk                               |
| 3.2 Secure Official Receipt.                                                                               | 3.2 Issue the Official Receipt                                                                               |                                                 | 2 minutes         | Revenue Collection Clerk                               |
| 4. Download and Print the Permits including Environmental Permit to Operate and Certificate of Attendance. |                                                                                                              |                                                 |                   |                                                        |
| <b>Total</b>                                                                                               |                                                                                                              | <b>None</b>                                     | <b>53 minutes</b> |                                                        |



## 2. ISSUANCE OF ENVIRONMENTAL PERMIT TO OPERATE (EPO)

The City Environment and Waste Management Office (CEWMO) through its Environmental Pollution Control & Enforcement Division (EPCED) issues Environmental Permit to Operate (EPO) to Pollution Control and Solid Waste Management Seminar to compliant non-government organizations pursuant to Section 10 (a) of the City Ordinance No. 2008-287 otherwise known as the "Antipolo City's Solid Waste Management Code of 2008."

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|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                       | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE<br>ENVIRONMENTAL POLLUTION CONTROL & ENFORCEMENT<br>DIVISION |                        |                        |                                                                        |
| <b>CLASSIFICATION:</b>                                                                         | Simple                                                                                                    |                        |                        |                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                   | G2-NGO – Government to Non-Government<br>Organization                                                     |                        |                        |                                                                        |
| <b>WHO MAY AVAIL:</b>                                                                          | Non-Government Organizations                                                                              |                        |                        |                                                                        |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                               |                                                                                                           | <b>WHERE TO SECURE</b> |                        |                                                                        |
| CSWD Application Form                                                                          |                                                                                                           | CSWD                   |                        |                                                                        |
| <b>CLIENT STEPS</b>                                                                            | <b>AGENCY ACTION</b>                                                                                      | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                              |
| 1. Proceed to City Environment and Waste Management Office to present the necessary documents. | 1. Check the presented documents.                                                                         | None                   | 1 minute               | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 1.1 Secure Order of Payment                                                                    | 1.1 Issue Order of Payment                                                                                | None                   | 1 minute               | Environmental Pollution Control & Enforcement Division Receiving Clerk |

|                                                                                                             |                                                           |         |           |                                                                        |
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| 2. Pay at Window 11 of the City Treasurer's Office by showing the Order of Payment.                         | 2. Accept the payment based on the Order of Payment.      | Php 500 | 1 minute  | Revenue Collection Clerk                                               |
| 2.1 Secure Official Receipt.                                                                                | 2.1 Issue the Official Receipt.                           |         | 2 minutes | Revenue Collection Clerk                                               |
| 3. Photocopy the Official Receipt.                                                                          | 3. None                                                   | None    |           | None                                                                   |
| 3.1 Return to the City Environment and Waste Management Office and submit the photocopied Official Receipt. | 3.1 Check the Official Receipt and receive its photocopy. | None    | 1 minute  | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 4. None                                                                                                     | 4. Prepare the Environmental Permit to Operate.           | None    | 1 minute  | Environmental Pollution Control & Enforcement Division Receiving Clerk |

|                                                                                     |                                                                                                 |             |                  |                                                                        |
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| 4.1 None                                                                            | 4.1 Sign the Environmental Permit to Operate                                                    | None        | 1 minute         | City Environment and Waste Management Office Department Head           |
| 5. Sign the acknowledgment receipt and receive the Environmental Permit to Operate. | 5. Give the acknowledgment receipt for signing and release the Environmental Permit to Operate. | None        | 1 minute         | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| <b>Total</b>                                                                        |                                                                                                 | <b>None</b> | <b>9 minutes</b> |                                                                        |

### 3. ISSUANCE OF PLASTIC-USE EXEMPTION CERTIFICATE

The City Environment and Waste Management Office (CEWMO) through its Environmental Pollution Control & Enforcement Division (EPCED) issues Plastic-use Exemption Certificate to compliant business establishments pursuant to Section 2 of the **City Ordinance No. 2012-483** otherwise known as the “Ordinance prescribing regulatory fees for business establishments and services securing for an exemption pursuant to Section 8 (A) of the City Ordinance 2009-370 entitled *An Ordinance Prohibiting the Use of Plastic Bags on Dry Goods and Regulating its utilization on Wet Goods and Prohibiting the Use of Styrofoam in the City and Prescribing Penalties Thereof.*”

|                                                                           |                                                                                                           |                                                |                            |                                                                                 |
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| <b>OFFICE/ DIVISION:</b>                                                  | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE<br>ENVIRONMENTAL POLLUTION CONTROL & ENFORCEMENT<br>DIVISION |                                                |                            |                                                                                 |
| <b>CLASSIFICATION:</b>                                                    | Simple                                                                                                    |                                                |                            |                                                                                 |
| <b>TYPES OF TRANSACTION:</b>                                              | G2B – Government to Business                                                                              |                                                |                            |                                                                                 |
| <b>WHO MAY AVAIL:</b>                                                     | Business owners, professionals/practitioners maintaining an<br>office/clinic                              |                                                |                            |                                                                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                                          |                                                                                                           | <b>WHERE TO SECURE</b>                         |                            |                                                                                 |
| Letter of Intent Addressed to Mayor                                       |                                                                                                           | BPLO<br><br>ITDI (DOST) / Plastic Bag Supplier |                            |                                                                                 |
| Mayor's Permit                                                            |                                                                                                           |                                                |                            |                                                                                 |
| Environmental Technology Verification (ETV) and Supplier<br>Certification |                                                                                                           |                                                |                            |                                                                                 |
| Sample Plastic Bags per size                                              |                                                                                                           |                                                |                            |                                                                                 |
| <b>CLIENT STEPS</b>                                                       | <b>AGENCY ACTION</b>                                                                                      | <b>FEES<br/>TO BE<br/>PAID</b>                 | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>                                                   |
| 1. Submit the necessary<br>documents to the Office of the<br>City Mayor   | 1. Receive the presented<br>documents.                                                                    | None                                           | 1 minute                   | Office of the Mayor<br>Receiving Clerk                                          |
| 1.1 None                                                                  | 1.1 Endorse the letter<br>and documents to<br>appropriate office                                          | None                                           |                            | Office of the Mayor<br>Receiving Clerk                                          |
| 2. None                                                                   | 2. Receive the endorsed documents<br>from the office of the Mayor.                                        | None                                           |                            | City Environment and<br>Waste Management<br>Office Receiving Admin              |
| 2.1 None                                                                  | 2.1 Endorse the documents to the<br>appropriate division.                                                 | None                                           |                            | Environmental Pollution<br>Control & Enforcement<br>Division Receiving<br>Clerk |

|                                                                                                             |                                                                                                                                                        |             |                   |                                                                        |
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| 3. None                                                                                                     | 3. Check the submitted documents.                                                                                                                      | None        | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 3.1 Prepare the lacking documents (if any) and the certification fee.                                       | 3.1 Contact the business representative inform of the lacking documents (if any) and invite to visit the City Environment and Waste Management Office. | None        |                   | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 4. Proceed at the City Environment and Waste Management Office and present the lacking documents (if any).  | 4. Communicate with the business representative and receive the lacking documents (if any).                                                            | None        | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 4.1 Secure the Order of Payment                                                                             | 4.1 Upon confirmation that the submitted requirements are complete, issue the order of payment.                                                        | None        | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 2. Pay at Window 11 of the City Treasurer's Office by showing the Order of Payment.                         | 2. Accept the payment based on the Order of Payment.                                                                                                   | Php 1,300   | 1 minute          | Revenue Collection Clerk                                               |
| 2.1 Secure Official Receipt.                                                                                | 2.1 Issue the Official Receipt.                                                                                                                        |             | 2 minutes         | Revenue Collection Clerk                                               |
| 3. Photocopy the Official Receipt.                                                                          | 3. None                                                                                                                                                | None        |                   | None                                                                   |
| 3.1 Return to the City Environment and Waste Management Office and submit the photocopied Official Receipt. | 3.1 Check the Official Receipt and receive its photocopy.                                                                                              | None        | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 4. None                                                                                                     | 4. Prepare the Plastic Exemption Certificate.                                                                                                          | None        | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 4.1 None                                                                                                    | 4.1 Sign the Environmental Permit to Operate                                                                                                           | None        | 1 minute          | City Environment and Waste Management Office Department Head           |
| 5. Sign the acknowledgment receipt and receive the Environmental Permit to Operate.                         | 5. Give the acknowledgment receipt for signing and release the Environmental Permit to Operate.                                                        | None        | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| <b>Total</b>                                                                                                |                                                                                                                                                        | <b>None</b> | <b>11 minutes</b> |                                                                        |

## 4. SETTLEMENT OF ENVIRONMENTAL VIOLATION TICKET (EVT) AND OR NOTICE OF VIOLATION

Any and all Environmental Violation Tickets (EVTs) issued by environmental inspector/enforcer to any and all persons, whether natural or juridical, found in violation of the below listed City Ordinances shall be settled at the City Environment and Waste Management Office (CEWMO) upon payment of the corresponding fines or penalties, or through rendition of community service. Failure to settle the EVT, a Notice of Violation shall be subsequently issued to the violator.

City Ordinance No. 2008-287 (Antipolo City's Solid Waste Management Code of 2008)  
 City Ordinance No. 2009-351 (*TAPAT KO, LINIS KO*)  
 City Ordinance No. 2009-370 (*STYRO ORDINANCE*)  
 City Ordinance No. 03-91 (Demolishing/bulldozing water resource area)  
 City Ordinance No. 26-99 (Unauthorized entry of Garbage trucks)  
 City Ordinance No. 2009 – 338 (As Amended By 2010 -417)  
 No CEWMO Clearance for Tenorial Instruments, Permits and Licenses issued by DENR

|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                             | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE<br>ENVIRONMENTAL POLLUTION CONTROL & ENFORCEMENT DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                               | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                         | G2B – Government to Business;<br>G2C – Government to Citizen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                | General public including business owners                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                     | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. Environmental Violation Ticket (EVT); and/or Notice of Violation                                                                                                                                                                                                                                                                                                                  | - Client                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>PAYMENT OF FINES OR PENALTIES: AMOUNT CORRESPONDS TO THE VIOLATIONS IN THE EVT</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>City Ordinance No. 2008-287</b><br>(Antipolo City's Solid Waste Management Code of 2008)<br><br><b>City Ordinance No. 2009-351</b><br>(Tapat Ko, Linis Ko)<br><br><br><br><br><br><br><br><br><br><b>City Ordinance No. 2009 -370</b><br>(Styro Ordinance)<br><br><br><br><br><br><br><br><br><br><b>City Ordinance No. 03-91</b><br>(Demolishing/bulldozing water resource area) | 1 <sup>st</sup> offense - Php 500.00 2 <sup>nd</sup> offense - Php 700.00<br>3 <sup>rd</sup> offense - Php 1,200.00<br><br>Residential:<br>1 <sup>st</sup> offense - Php 500.00 2 <sup>nd</sup> offense - Php 1,000.00 3 <sup>rd</sup> offense - Php 2,000.00<br><br>Commercial:<br>1 <sup>st</sup> offense - Php 2,000.00 2 <sup>nd</sup> offense - Php 4,000.00 3 <sup>rd</sup> offense - Php 5,000.00<br><br>1 <sup>st</sup> offense Php 500.00 2 <sup>nd</sup> offense Php 700.00<br>3 <sup>rd</sup> offense Php 1,200.00 4 <sup>th</sup> offense Php 5,000.00<br><br>1 <sup>st</sup> offense not less than Php 500.00 plus confiscation of equipment |

|                                                                                                                                                                                                                                         |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>City Ordinance No. 26-99</b><br>(Unauthorized entry of Garbage trucks)<br><br><b>City Ordinance No. 2009 – 338</b><br>(As Amended By 2010 -417)<br>-No CEWMO Clearance for Tenorial Instruments, Permits and Licenses issued by DENR | 1 <sup>st</sup> offense - Php 2,000.00 plus impounding fee of Php 5,000.00<br><br>1 <sup>st</sup> offense Php 3,000.00 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| CLIENT STEPS                                                                                                              | AGENCY ACTION                                                                                               | FEES TO BE PAID                          | PROCESSING TIME   | PERSON RESPONSIBLE                                                     |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|------------------------------------------------------------------------|
| Proceed to City Environment and Waste Management Office and show the Environmental Violation Ticket.                      | Receive the requirement.                                                                                    | None                                     | 2 minutes         | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 1.1 None.                                                                                                                 | Check in the database.                                                                                      | None                                     | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 1.2 Secure Order of Payment.                                                                                              | Issue the Order of Payment.                                                                                 | None                                     | 1 minute          | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| 2. Pay at Window 11 of the City Treasurer's Office by showing the Order of Payment.                                       | 2. Accept the payment based on the Order of Payment.                                                        | Amount indicated in the Order of Payment | 1 minute          | Revenue Collection Clerk                                               |
| 2.1 Secure Official Receipt.                                                                                              | 2.1 Issue the Official Receipt.                                                                             |                                          | 2 minutes         | Revenue Collection Clerk                                               |
| 3. Photocopy the Official Receipt.                                                                                        | 3. None                                                                                                     | None                                     | None              | None                                                                   |
| 3.1 Return to the City Environment and Waste Management Office and submit the photocopied Official Receipt for clearance. | 3.1 Check the Official Receipt and receive its photocopy. Update/clear the client's record in the database. | None                                     | 3 minutes         | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| <b>Total</b>                                                                                                              |                                                                                                             | <b>None</b>                              | <b>10 minutes</b> |                                                                        |

## COMMUNITY SERVICE:

| CLIENT STEPS                                                                                                                                             | AGENCY ACTION                                             | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------|-----------------|------------------------------------------------------------------------|
| Proceed to City Environment and Waste Management Office, show the Environmental Violation Ticket and inquire about settlement through community service. | Receive the requirements .                                | None            | 2 minutes       | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| None                                                                                                                                                     | Check the Environmental Violation Ticket in the database. | None            | 1 minute        | Environmental Pollution Control & Enforcement Division Receiving Clerk |
| None                                                                                                                                                     | Issue Endorsement Slip.                                   | None            | 1 minute        | Hinulugang Taktak Protected Landscape                                  |

|                                                                                                                                 |                                                                       |             |                                      |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------|--------------------------------------|-----------------------------------------------------------------|
| 1.3 Go with the designated City Environment and Waste Management Office personnel to the designated place of community service. | 1.3 Accompany the client to the designated place of Community Service | None        | 5 minutes                            | Monitoring Staff / Supervisor<br><br>Designated CEWMO Personnel |
| Perform assigned task during community service.                                                                                 | Supervise the client during the community service.                    | None        | 8 hour for every penalty of P 500.00 | Designated CEWMO Personnel                                      |
| Secure Certificate of Completion                                                                                                | Issue Certificate of Completion (COC).                                | None        | 3 minutes                            | Hinulugan Taktak Protected Landscape Personnel                  |
| <b>Total</b>                                                                                                                    |                                                                       | <b>None</b> | <b>8 hours and 12 minutes</b>        |                                                                 |

## 5. SETTLEMENT OF ORDINANCE VIOLATION TICKET (OVT) AND OR NOTICE OF VIOLATION (NOV)

An Ordinance Violation Ticket (OVT) issued by a deputized Anti-Smoke Belching Unit (ASBU) Enforcer to a driver of a smoke-belching vehicle found in violation of City Ordinance No. 2024-1129, otherwise known as the “Anti-Smoke Belching Ordinance of Antipolo, as amended,” shall be settled at the City Environment and Waste Management Office (CEWMO).

Failure to settle the OVT within the prescribed period shall result in the endorsement of the incurred violation to the Land Transportation Office (LTO) for appropriate action.

|                                                                                                                                            |                                                                                          |                                                                  |                        |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------|----------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                   | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE-<br>ANTI-SMOKE BELCHING UNIT                |                                                                  |                        |                                                    |
| <b>CLASSIFICATION:</b>                                                                                                                     | Simple                                                                                   |                                                                  |                        |                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                               | G2P – Government to Public/Individual                                                    |                                                                  |                        |                                                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                      | General public including business owners                                                 |                                                                  |                        |                                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                           |                                                                                          | <b>WHERE TO SECURE</b>                                           |                        |                                                    |
| Ordinance Violation Ticket (OVT)                                                                                                           |                                                                                          | Issued by CEWMO Environmental Enforcer                           |                        |                                                    |
| Motor Vehicle Official Receipt (OR)/ Certificate of Registration (CR)                                                                      |                                                                                          | Client                                                           |                        |                                                    |
| ASBU-Vehicle Emission Certificate (VEC) marked “PASSED”                                                                                    |                                                                                          | Private Emission Testing Center                                  |                        |                                                    |
| <b>CLIENT STEPS</b>                                                                                                                        | <b>AGENCY ACTION</b>                                                                     | <b>FEES TO BE PAID</b>                                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                          |
| Submit the documentary requirements to CEWMO -ASBU                                                                                         | Check the OVT against the database and the requirements as to completeness and validity. | None                                                             | 2 minutes              | ASBU Personnel                                     |
| 1.1 Secure Order of Payment                                                                                                                | 1.1 Issue Order of Payment                                                               | None                                                             | 1 minute               | ASBU Personnel                                     |
| 2.Proceed to the designated Payment Window of the City Treasurer’s Office, present the Order of Payment and pay the corresponding penalty. | 1.(City Treasurer’s Office)<br><br>Receive payment and issue Official Receipt.           | 1st offense-<br><br>P1,000. 00<br><br>2nd offense-<br>P3,000. 00 | 3 minutes              | Revenue<br><br>Collection Clerk/<br>ASBU Personnel |



|                                                                                |                                                          |                            |          |                |
|--------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------|----------|----------------|
|                                                                                |                                                          | 3rd<br>offense-<br>P5,000. |          |                |
| 3. Photocopy the Official Receipt and ASBU- VEC then submit it to CEWMO -ASBU. | 1. Check the Official Receipt and receive the photocopy. | None                       | 1 minute | ASBU Personnel |

|                                               |                                              |                               |                  |                |
|-----------------------------------------------|----------------------------------------------|-------------------------------|------------------|----------------|
| 4. Retrieval of confiscated driver's license. | 1. Release the confiscated driver's license. | None                          | 1 minute         | ASBU Personnel |
| <b>Total</b>                                  |                                              | <b>offense-<br/>P3,000.00</b> | <b>8 minutes</b> |                |

## 6. ISSUANCE OF CLEARANCE TO CUT TREES

Pursuant to City Ordinance No. 2009-338 as amended by City Ordinance No. 2010-417, the City Environment and Waste Management Office (CEWMO) facilitate the issuance of Clearance to Cut Trees as required by the DENR prior to land utilization, road widening implementation and other similar purposes.

| <b>OFFICE/<br/>DIVISION:</b>                                                                             | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE /<br>NATURAL RESOURCES AND MANAGEMENT DIVISION |                                             |                 |                                                                  |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                   | Simple                                                                                      |                                             |                 |                                                                  |
| <b>TYPES OF TRANSACTION:</b>                                                                             | G2C – Government to Citizen;<br>G2B – Government to Business                                |                                             |                 |                                                                  |
| <b>WHO MAY AVAIL:</b>                                                                                    | General public including contractors of public works                                        |                                             |                 |                                                                  |
| CHECKLIST OF REQUIREMENTS                                                                                |                                                                                             | WHERE TO SECURE                             |                 |                                                                  |
| <b>CLEARANCE TO CUT</b>                                                                                  |                                                                                             |                                             |                 |                                                                  |
| Letter of Intent – 1 original copy                                                                       |                                                                                             | client<br>client / Registry of Deeds / USDO |                 |                                                                  |
| Lot ownership (Land Title, Urban Settlement Development Office Certification, etc.) – 1 photocopy        |                                                                                             | client<br>Barangay                          |                 |                                                                  |
| Pictures of trees to be cut/balled – 1 original copy                                                     |                                                                                             | client                                      |                 |                                                                  |
| Barangay Clearance stating that the Barangay has no objection to the cutting of tree/s – 1 original copy |                                                                                             | -client<br>-Barangay<br>-client             |                 |                                                                  |
| Seedlings (20 pcs / tree) as replacement to the tree/s to be cut                                         |                                                                                             |                                             |                 |                                                                  |
| CLIENT STEPS                                                                                             | AGENCY ACTION                                                                               | FEES TO BE PAID                             | PROCESSING TIME | PERSON RESPONSIBLE                                               |
| 1. Submit the requirements to the City Environment and Waste Management Office (CEWMO)                   | 1. Receive the requirements.                                                                | None                                        | 3 minutes       | Natural Resources and Management Division (NRMD) Receiving Clerk |
| 2. Assist the Natural Resources and Management Division (NRMD) personnel during the ocular inspection.   | 2. Conduct ocular inspection                                                                | None                                        | 1 day           | NRMD Inspector                                                   |

|                                                         |                                |      |           |                      |
|---------------------------------------------------------|--------------------------------|------|-----------|----------------------|
| 3. Return to CEWMO and submit the replacement seedlings | 3. Check the seedlings.        | None | 3 minutes | NRMD Receiving Clerk |
| 3.1 Secure the Order of Payment.                        | 3.1 Issue the Order of Payment |      |           |                      |

|                                                                                                                           |                                                                                      |                                                       |                            |                           |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|---------------------------|
| Pay at the designated Payment Window of the City Treasurer's Office by showing the Order of Payment.                      | Accept the payment based on the Order of Payment.                                    | PHP 300.00 per Tree; per additional (piece) PHP 50.00 | 2 minutes                  | Revenue Collection Clerk  |
| Secure Official Receipt                                                                                                   | Issue the Official Receipt.                                                          |                                                       | 1 minute                   | Revenue Collection Clerk  |
| Photocopy the Official Receipt.                                                                                           | 5. None                                                                              | None                                                  |                            |                           |
| 5.1 Return to the City Environment and Waste Management Office and submit the photocopied Official Receipt for clearance. | 5.1 Check the Official Receipt and receive its photocopy.                            | None                                                  | 2 minutes                  | NRMD Receiving Clerk      |
| 5.2 None                                                                                                                  | 5.2 Prepare the Acknowledgement Receipt of Seedlings and the Clearance to Cut Trees. | None                                                  | 3 minutes                  | NRMD Staff                |
| 5.3 None                                                                                                                  | 5.3 Review and sign the Clearance.                                                   | None                                                  | 1 minute                   | NRMD Chief and CEWMO Head |
| 5.4 Sign in the Release Log Book                                                                                          | 5.4 Give the Release Log Book to the client                                          | None                                                  | 1 minute                   | NRMD Releasing Clerk      |
| 5.5 Receive the Acknowledgement Receipt and the Clearance.                                                                | 5.5 Release the Acknowledgement Release and the Clearance.                           | None                                                  | 1 minute                   | NRMD Releasing Clerk      |
| <b>Total</b>                                                                                                              |                                                                                      | PHP 300.00 per Tree; per additional (piece) PHP 50.00 | <b>1 day and 18minutes</b> |                           |

## 7. ISSUANCE OF CHAINSAW CLEARANCE

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                               | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE /<br>NATURAL RESOURCES AND MANAGEMENT DIVISION                                                                      |                                 |                                            |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------|------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                     | Simple                                                                                                                                                           |                                 |                                            |                                                                  |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                               | G2C – Government to Citizen;<br>G2B – Government to Business                                                                                                     |                                 |                                            |                                                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                      | General public including contractors of public works                                                                                                             |                                 |                                            |                                                                  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                  |                                                                                                                                                                  | WHERE TO SECURE                 |                                            |                                                                  |
| <b>CHAINSAW CLEARANCE</b><br><br>Letter of Intent – 1 original copy<br>Barangay Mechanical Clearance<br><br>Proof of the Detailed Specification of Chainsaw,<br>Receipt and Accreditation/Permit of Dealer |                                                                                                                                                                  | -client<br>-Barangay<br>-client |                                            |                                                                  |
| CLIENT STEPS                                                                                                                                                                                               | AGENCY ACTION                                                                                                                                                    | FEES<br>TO BE<br>PAID           | PROCES<br>SING<br>TIME                     | PERSON<br>RESPONSIBLE                                            |
| 1. Submit the requirements to the City Environment and Waste Management Office (CEWMO)                                                                                                                     | 1.Receive the requirements.                                                                                                                                      | None                            | 3 minutes                                  | Natural Resources and Management Division (NRMD) Receiving Clerk |
| 2.Secure Order of Payment                                                                                                                                                                                  | 2.Issue Order of Payment                                                                                                                                         | None                            | 2 minutes                                  | Natural Resources and Management Division (NRMD) Receiving Clerk |
| 3.Pay at the designated Payment Window of the City Treasurer's Office by showing the Order of Payment.                                                                                                     | 3. Issuance of Official Receipt.                                                                                                                                 | PHP 300.00                      | 3 minutes                                  | Revenue Collection Clerk                                         |
| 4.Secure and Photocopy the Official Receipt                                                                                                                                                                | 4. Check the Official Receipt and receive its photocopy.<br>4.1 Encode and Print Clearance<br>4.2 Evaluate/Review documents<br>4.3 Signing of Chainsaw Clearance | None                            | 2 minutes<br><br>5 minutes<br><br>3minutes | NRMD Receiving<br><br><br>NRMD Chief and CEWMO Head Clerk        |
| 5 Receive the clearance                                                                                                                                                                                    | 5.1 Release of Chainsaw Clearance                                                                                                                                | None                            | 2 minutes                                  | NRMD Receiving Clerk                                             |
| <b>Total</b>                                                                                                                                                                                               |                                                                                                                                                                  | <b>PHP 300.00</b>               | <b>20 minutes</b>                          |                                                                  |

## 8. ISSUANCE OF ACCREDITATION TO OPERATE A MATERIAL RECOVERY FACILITY (MRF)

Private recycling facilities such as Materials Recovery Facilities (MRFs) and junkshops operating within Antipolo City are regulated by the City Government through the City Environment and Waste Management Office (CEWMO) by exercising authority on their applications for 1) accreditation, 2) permit to dump and 3) permit to transport/transfer non-hazardous solid waste materials to destinations within and outside Antipolo City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                            | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE -SOLID WASTE MANAGEMENT DIVISION |                 |                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                  | Simple                                                                        |                 |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                            | G2G – Government to Government                                                |                 |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                   | Operators of commercial junkshops and materials recovery facilities           |                 |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                               |                                                                               | WHERE TO SECURE |                 |                    |
| DTI Registration – 1 photocopy                                                                                                          |                                                                               | DTI             |                 |                    |
| Antipolo City Junkshop Operators Association (AJOA) Certification – 1 photocopy                                                         |                                                                               | AJOA            |                 |                    |
| Clearance to Sell (Antipolo City Police) – 1 photocopy                                                                                  |                                                                               | PNP             |                 |                    |
| Picture of the establishment (minimum of 2 views in 5R size, loading & unloading area is clearly visible) – 1 photocopy                 |                                                                               | Client          |                 |                    |
| Rental Agreement/Authority to Occupy/Use of Land (if the lot is not named after the owners of the business establishment) – 1 photocopy |                                                                               | Client/DENR-EMB |                 |                    |
| Certificate of Non-Coverage (CNC) – 1 photocopy                                                                                         |                                                                               | Client          |                 |                    |
| HOA and/or Barangay “Certificate of No Objection” – 1 photocopy                                                                         |                                                                               | Client          |                 |                    |
| Updated Mayor’s (Business) Permit – 1 photocopy                                                                                         |                                                                               |                 |                 |                    |
| Special Power of Authority/Authorization of Owner for Representatives                                                                   |                                                                               |                 |                 |                    |
| CLIENT STEPS                                                                                                                            | AGENCY ACTION                                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |

|                                                                                      |                                                             |      |             |                                                        |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------|------|-------------|--------------------------------------------------------|
| Submit the requirements to the City Environment and Waste Management Office (CEWMO). | Receive the requirements.                                   | None | 6-7 minutes | Solid Waste Management Division (SWMD) Receiving Clerk |
| Fill-out application form.                                                           | Provide application form.                                   | None | 1-2 minute  | SWMD Receiving Clerk                                   |
| Submit filled-out application form                                                   | Check filled-out application form and attached requirements | None | 1-3 minute  | SWMD Receiving Clerk                                   |
| Secure the Order of Payment.                                                         | Issue the Order of Payment                                  | None | 2 minutes   | SWMD Receiving Clerk                                   |

|                                                                                                      |                                                   |            |             |                          |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|-------------|--------------------------|
| Pay at the designated Payment Window of the City Treasurer's Office by showing the Order of Payment. | Accept the payment based on the Order of Payment. | PHP 1,500. | 1-2 minutes | Revenue Collection Clerk |
| Secure Official Receipt.                                                                             | Issue the Official Receipt.                       |            | 1 minutes   | Revenue Collection Clerk |

|                                                                                                                       |                                                           |                     |                   |                                 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|-------------------|---------------------------------|
| Photocopy the Official Receipt.                                                                                       | None                                                      | None                |                   |                                 |
| Return to the City Environment and Waste Management Office and submit the photocopied Official Receipt for clearance. | Check the Official Receipt and receive its photocopy.     | None                | 2 minutes         | SWMD Receiving Clerk            |
| None                                                                                                                  | Prepare the client's Accreditation / Oath of Undertaking. | None                |                   |                                 |
| None                                                                                                                  | Review and sign the Clearance.                            | None                | 3-5 minutes       | SWMD Staff                      |
| Sign in the Release Log Book                                                                                          | Give the Release Log Book to the client                   | None                | 1-2 minutes       | CEWMO Head SWMD Releasing Clerk |
| Receive the Acknowledgement Release and the Clearance.                                                                | Release the Acknowledgement Release and the Clearance.    | None                | 1 minute          | SWMD Releasing Clerk            |
| <b>Total</b>                                                                                                          |                                                           | <b>PHP 1,500.00</b> | <b>20 minutes</b> |                                 |

## 9. ISSUANCE OF CERTIFICATIONS TO TRANSPORT NON- HAZARDOUS SOLID WASTE AND TO DUMP

Pursuant to the provisions of Section 6, C (v) and G (iii) of City Ordinance No. 2008-287, only government and authorized privately owned vehicles carrying solid waste collected within the City of Antipolo shall be allowed to dump at the City Controlled Disposal / Landfill Facility. For this purpose, the City Environment and Waste Management Office (CEWMO) facilitates the issuance of Certifications to Transport Hazardous Solid Waste and to Dump to the following clientele:

| <b>OFFICE/<br/>DIVISION:</b>                                                                                | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE-SOLID<br>WASTE MANAGEMENT DIVISION |                                                                                        |                 |                                                        |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                      | Simple                                                                          |                                                                                        |                 |                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                | G2P – Government to Public                                                      |                                                                                        |                 |                                                        |
| <b>WHO MAY AVAIL:</b>                                                                                       | Applicants for above-said purposes                                              |                                                                                        |                 |                                                        |
| CHECKLIST OF REQUIREMENTS                                                                                   |                                                                                 | WHERE TO SECURE                                                                        |                 |                                                        |
| Updated Mayor's (Business) Permit (for business establishments and commercial junkshops/MRFs) – 1 photocopy |                                                                                 | client                                                                                 |                 |                                                        |
| Updated Official Receipt and Certificate of Registration (OR/CR) of Motor Vehicles – 1 photocopy            |                                                                                 | client                                                                                 |                 |                                                        |
| Notarized Deeds of Sale if the vehicle/s are not registered in the name of the present owner – 1 photocopy  |                                                                                 | client                                                                                 |                 |                                                        |
| CLIENT STEPS                                                                                                | AGENCY ACTION                                                                   | FEES TO BE PAID                                                                        | PROCESSING TIME | PERSON RESPONSIBLE                                     |
| 1. Submit the requirements to the City Environment and Waste Management Office (CEWMO).                     | Receive the requirements.                                                       | None                                                                                   | 3 minutes       | Solid Waste Management Division (SWMD) Receiving Clerk |
| Fill-out application form.                                                                                  | Provide application form.                                                       | None                                                                                   | 1 minute        | SWMD Receiving Clerk                                   |
| Submit filled-out application form.                                                                         | Check filled-out application form.                                              | None                                                                                   | 1 minute        | Clerk SWMD Receiving Clerk                             |
| Secure the Order of Payment.                                                                                | Issue the Official Receipt                                                      | None                                                                                   | 1 minute        | SWMD Receiving Clerk                                   |
| 2. Pay at the designated Payment Window of the City Treasurer's Office by showing the Order of Payment.     | 2. Accept the payment based on the Order of Payment.                            | PHP 1,500.00 per truck per year - Certification to Transport Non-Hazardous Solid Waste | 1 minute        | Revenue Collection Clerk                               |

|  |  |                                                                     |  |  |
|--|--|---------------------------------------------------------------------|--|--|
|  |  | PHP 1,500.00<br>per<br>truck per year<br>- Certification to<br>Dump |  |  |
|--|--|---------------------------------------------------------------------|--|--|

|                                                                                                                           |                                                                                              |                                                                                                                                                          |                   |                          |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|
| 2.1 Secure Official Receipt.                                                                                              | 2.1 Issue the Official Receipt.                                                              | None                                                                                                                                                     | 2 minutes         | Revenue Collection Clerk |
| 3. Photocopy the Official Receipt.                                                                                        | 3. None                                                                                      | None                                                                                                                                                     |                   |                          |
| 3.1 Return to the City Environment and Waste Management Office and submit the photocopied Official Receipt for clearance. | 3.1 Check the Official Receipt and receive its photocopy.                                    | None                                                                                                                                                     | 2 minutes         | SWMD Receiving Clerk     |
| 3.2 None                                                                                                                  | Prepare the Certification to Transport Non- Hazardous Solid Waste and Certification to Dump. | None                                                                                                                                                     | 3 minutes         | SWMD Staff               |
| 3.3 None                                                                                                                  | Review and sign the Certifications.                                                          | None                                                                                                                                                     | 1 minute          | CEWMO Head               |
| 3.4 Sign in the Release Log Book                                                                                          | Give the Release Log Book to the client                                                      | None                                                                                                                                                     | 1 minute          | SWMD Releasing Clerk     |
| 3.5 Receive the Certification to Transport Non-Hazardous Solid Waste and Certification to Dump.                           | Release the Certification to Transport Non- Hazardous Solid Waste and Certification to Dump. | None                                                                                                                                                     | 1 minute          | SWMD Releasing Clerk     |
| <b>TOTAL</b>                                                                                                              |                                                                                              | <b>PHP 1,500.00 per truck per year– Certification to Transport Non- Hazardous Solid Waste<br/>PHP 1,500.00 per truck per year – Certification to Dum</b> | <b>17 minutes</b> |                          |



## 10. INCOMING LETTER REQUESTING GARBAGE COLLECTION

|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                     |                                                                                                     |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                           | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE-SOLID WASTE MANAGEMENT DIVISION                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                     |                                                                                                     |
| <b>CLASSIFICATION:</b>                                                                             | Simple                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                                     |                                                                                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                       | G2P – Government to Public                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                     |                                                                                                     |
| <b>WHO MAY AVAIL:</b>                                                                              | All                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                     |                                                                                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | <b>WHERE TO SECURE</b>                                                                              |                                                                                                     |
| Letter endorsed by the Office of the Mayor/PIO with Document Tracking Form to CEWMO                |                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | - client                                                                                            |                                                                                                     |
| <b>CLIENT STEPS</b>                                                                                | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                           | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                                                              | <b>PERSON RESPONSIBLE</b>                                                                           |
| 1. Submitted letter to the Office of the Mayor/PIO in hardcopy or thru official city email address | 1. Letter endorsed to CEWMO<br>Endorsement of letter from CEWMO Admin.<br>SWM person in- charge coordinate to requesting party and inquire the details of their request.<br>Forward letter to SWM Inspector for inspection/ Validation and coordination to concerned Barangay and/or the City Third Party Service provider<br>Monitoring of activity completion<br>Preparation of Inspection Report<br>Capture Client Feedback | None                   | 3-5 to max. of 10 minutes (for calls/ forwarded from social media)<br><br>(for inspection) 1-2 days | SWMD Receiving Clerk / Inspector-Enforcer<br><br><br><br><br><br><br><br><br>SWM Inspector-Enforcer |

### FEES AND OTHER CHARGES

The primary regulation in the HTPL is the collection of the visitor's entrance fees and other park charges for the use of its facilities as provided for in the DENR Administrative Order No. 2016-24.

| Entrance Fee:                                  |                |
|------------------------------------------------|----------------|
| Adults                                         | Php 30.00      |
| Students                                       | Php 15.00      |
| Foreigner                                      | Php 100.00     |
| Senior Citizens, PWDs and children below 7 y/o | FREE           |
| Rental of Facilities:                          |                |
| Picnic Tables                                  | Php 25.00/hour |
| Cottages                                       | Php 500.00/day |

|                                |                                                                               |
|--------------------------------|-------------------------------------------------------------------------------|
| Swimming Pool                  | Php 50.00/person                                                              |
| Quadrangle:                    | Php 5,000.00 (maximum of 100 pax)                                             |
| Basketball Court               | Php 100.00/hour (day time)                                                    |
| Basketball Court (with lights) | Php 200.00/hour                                                               |
| <b>Parking Fee:</b>            |                                                                               |
| Tricycle and Motorcycle:       | Php 20.00 for the 1st 2 hours Php 5.00 each succeeding hour                   |
| Cars/SUVs:                     | Php 45.00 for the 1 <sup>st</sup> 2 hours<br>Php 20.00 each succeeding hour   |
| Jeeps/Coasters/Vans:           | Php 60.00 for the 1 <sup>st</sup> 2 hours Php 20.00 each succeeding hour      |
| Bus/Mini-Bus:                  | Php 150.00 for the 1 <sup>st</sup> 2 hours<br>Php 300.00 each succeeding hour |
| <b>Other Fees/Charges:</b>     |                                                                               |
| Filming Permit Fee:            | Php 5,000.00 (exclusive of entrance fee)                                      |
| Pre-Nuptial Shooting:          | Php 2,000.00 (whole day)                                                      |
| Photo Shoot:                   | Php 500.00                                                                    |
| Commercial Photo Shoot:        | Php 2,000.00                                                                  |

## 11. REQUEST FOR DESLUDGING OF GOVERNMENT FACILITIES AND PRIVATE HOMES

In view of DILG circular No. 2011-05 stating that all concerned Local government Authorities shall create a local Government unit (LGU) Inventory and Inspection Team and monitoring Team whose function are in consonance with the decisions promulgated in the Supreme Court En Banc Resolution issued on February 15,2011 in G.R. No. 171947-48 regarding the Manila Bay Clean-up Rehabilitation and Preservation Project.

### CITY ORDINANCE NO. 2010-386

An ordinance making mandatory the dislodging of septic tanks within the City of Antipolo, providing penalty for violation thereof, and for other purposes.

#### Section 5

All households of Antipolo shall ensure that their septic tanks are regularly desludged at least 3-5 years or as often as is it necessary Anyone who shall not comply with these requirements shall be liable for the penalties imposed in this ordinance

|                           |                                                                                               |
|---------------------------|-----------------------------------------------------------------------------------------------|
| OFFICE/DIVISION:          | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE-TASK FORCE MANILA BAY                            |
| CLASSIFICATION:           | COMPLEX                                                                                       |
| TYPES OF TRANSACTION:     | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government |
| WHO MAY AVAIL:            | With Contract Account Number of Manila Water Connection                                       |
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE                                                                               |

|                                                                                              |          |
|----------------------------------------------------------------------------------------------|----------|
| Request letter                                                                               | - client |
| Any government-issued<br>ID card – 1 photocopy                                               | -client  |
| For Government Facilities (Hospitals)<br>Submit the requirements:                            | -client  |
| BOD-Biological Oxygen Demand<br>COD- Chemical Oxygen Demand<br>Account No.<br>Contact Number |          |
| For Private homes                                                                            |          |
| Submit the requirements.                                                                     |          |
| Contract Account No.<br>Contact number                                                       | -client  |
| <b>Free Desludging</b> - For Private Homes                                                   |          |
| Contract Account No.<br>Contact number                                                       | -client  |

| CLIENT STEPS                  | AGENCY ACTION                                                      | FEES TO BE PAID                                                    | PROCESSING TIME | PERSON RESPONSIBLE    |
|-------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|-----------------|-----------------------|
| 1. Submit the request letter. | 1.Receive the request letter and verify the nature of the request. | None                                                               | 3 minutes       | CEWMO- TFMB Personnel |
| 2. None                       | 2. Prepare endorsement letter to Manila Water Company              | None                                                               | 3 minutes       | CEWMO- TFMB Personnel |
| 3. None                       | 3. Endorsement letter for signature of the City Mayor              | None                                                               | 1 day           | Mayor's Office        |
| 4. None                       | 4. Transmitting letter to Manila Water Company                     | None                                                               | 15 minutes      | CEWMO- TFMB Personnel |
| 5. None                       | 5. Schedule of Desludging                                          | For Private Homes / Government Facilities<br><br><b>P 3,676 00</b> | 1 day           | Manila Water          |

|               |                                                                 |             |                              |                                     |
|---------------|-----------------------------------------------------------------|-------------|------------------------------|-------------------------------------|
| 6. None       | Updating of desludged homes/facilities for monitoring purposes. | None        | 5 minutes                    | Manila Water/<br>TFMB<br>Supervisor |
| <b>TOTAL:</b> |                                                                 | <b>None</b> | <b>2 days and 26 minutes</b> |                                     |

## 12. FILING OF COMPLAINT

Clients of the City Environment and Waste Management Office (CEWMO) may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during their transactions at the City Environment and Waste Management Office.

|                                                                                                                                   |                                                                                                                          |                                                                                                                  |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                          | CITY ENVIRONMENT AND WASTE MANAGEMENT OFFICE-<br>ADMINISTRATIVE DIVISION                                                 |                                                                                                                  |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                            | Simple                                                                                                                   |                                                                                                                  |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                      | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                            |                                                                                                                  |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                             | All                                                                                                                      |                                                                                                                  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                  |                                                                                                                          | <b>WHERE TO SECURE</b>                                                                                           |                        |                           |
| 1. Submit complaint letter/Duly accomplished Complaint Form – Original Copy<br><br>2. Any government-issued ID card – 1 photocopy |                                                                                                                          | - Administrative Section<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                               | <b>AGENCY ACTION</b>                                                                                                     | <b>FEES TO BE PAID</b>                                                                                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements.                                                                                                       | 1. Receive the requirements and verify the nature of the complaint.                                                      | None                                                                                                             | 4 minutes              | CEWMO Admin. Personnel    |
| 1.1 Proceed to the Admin Supervisor for an interview/ dialogue.                                                                   | 1.1 Endorse the complaint to the CEWMO Admin Supervisor.                                                                 | None                                                                                                             | 1 minute               | CEWMO Admin. Personnel    |
| 2. Provide details of the complaint.                                                                                              | 2. Interview the client and/or conduct dialogue with the CEWMO staff concerned.                                          | None                                                                                                             | 20 minutes             | CEWMO Supervisor          |
| 2.1 Obtain the desired resolution of the complaint.                                                                               | 2.1 Resolve the issues and concerns raised by the client.                                                                | None                                                                                                             | 5-20 minutes           | CEWMO Supervisor          |
| 2.2 None                                                                                                                          | 2.2 Prepare the minutes of the interview/ dialogue to be noted by the CEWMO Head                                         | None                                                                                                             | 5-10 minutes           | CEWMO Admin. Personnel /  |
|                                                                                                                                   |                                                                                                                          |                                                                                                                  |                        | CEWMO Supervisor          |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy.                                                    | 3. Provide the client with copy of the minutes of the dialogue and ensure that the client has signed the receiving copy. | None                                                                                                             | 5 minutes              | Administrative Staff      |

|  |               |             |                                 |  |
|--|---------------|-------------|---------------------------------|--|
|  | <b>TOTAL:</b> | <b>None</b> | <b>40 minutes to<br/>1 hour</b> |  |
|--|---------------|-------------|---------------------------------|--|



# **City Health Office**

## **External Services**





## 1. CONSULTATION: FREE MEDICAL CONSULTATION

The City Health Office (CHO) provides free medical assistance to Antipolo residents for the diagnosis and treatment of common illnesses. The office is also an accredited Philhealth YAKAP provider, providing the outpatient coverage of Philhealth. As part of its extended services, CHO has assigned Medical Officers in the sixteen (16) barangays for the provision of free medical consultation services to their constituents.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                       | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                          |                       |                    |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                             | Simple                                                                                                                                                                       |                       |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                       | G2C – Government to Citizen                                                                                                                                                  |                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                              | Antipolo residents                                                                                                                                                           |                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                          |                                                                                                                                                                              | WHERE TO SECURE       |                    |                       |
| Patient Information Card (if any)                                                                                                                                                                                                                                                  |                                                                                                                                                                              | None                  |                    |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                       | AGENCY ACTION                                                                                                                                                                | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| <b>1. Existing Client:</b><br>Present the Patient Information Card (PIC) and get a queue number from the Information Desk.<br><br><b>New Client:</b><br>Get PIC from the Information Desk.<br>Accomplish the PIC.<br><br>Once accomplished, submit the PIC to the Information Desk | 1. Received and check the requirement.<br>Issue a queue number.<br><br>Request the client to accomplish the PIC.<br><br>Received and check the PIC.<br>Issue a queue number. | None                  | 1 minute           | Information Clerk     |
| 1.1 Proceed to the PhilHealth Encoder for YAKAP Facility Check and registration.                                                                                                                                                                                                   | 1.1 Direct the client towards the Anthropometric area for height and weight.                                                                                                 | None                  | -                  | Information Clerk     |
|                                                                                                                                                                                                                                                                                    | 1.2 Submit the PIC card to the Records Section                                                                                                                               |                       | 2 minutes          | Information Clerk     |
|                                                                                                                                                                                                                                                                                    | 1.3 Received the PIC<br>For <i>New Client</i> :<br>Attach the PIC on the new Patients Record Form (PRF) and write the clients information                                    |                       |                    | Records Clerk         |

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                           |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                                                                                        | <p><i>For Existing Client:</i><br/>Retrieve the client's PRF from the file and attach the PIC</p> <p>1.4 Submit the PRF to the PhilHealth YAKAP Registration Encoder to check clients YAKAP Facility</p>                                                                                                                                                                                                      |                                     |                                           | Records Clerk                                     |
| <p>2. Proceed to YAKAP Registration</p> <p>2.1 Register to chosen YAKAP Facility Sign Mutual Care Agreement</p> <p>2.2 Proceed to Anthropometric Are for height and weight measurement then to Step 3</p>                              | <p>2. Check if client is registered to the facility as YAKAP Provider:</p> <ul style="list-style-type: none"> <li>• If not, provide information regarding PhilHealth YAKAP coverage. Register to facility if client opt to choose the facility as YAKAP provider</li> <li>• If registered, have the client sign the Mutual Care Agreement</li> </ul> <p>2.1 Transfer PRF to nurses for initial interview.</p> | None                                | 2 minutes                                 | Encoder                                           |
| <p>3. Submit to Anthropometric measurement for height and weight</p> <p>3.1 Proceed to the waiting area for queuing.</p>                                                                                                               | <p>3. Get the client Anthropometric measurement and write in a designated piece of paper.</p> <p>3.1 Direct the client towards the waiting area</p>                                                                                                                                                                                                                                                           | <p>None</p> <p>None</p>             | -                                         | <p>Nursing Assistant</p> <p>Nursing Assistant</p> |
| <p>4. Once called, proceed to the Nurse Station for triage.</p> <p>Submit the piece of paper with height and weight measurement</p> <p>4.1 Submit to triage.</p> <p>3.2 Proceed to the available Medical Officer for consultation.</p> | <p>4. Receive the piece of paper with height and weight measurements.</p> <p>4.1 Get the client's vital signs: Temperature, BP, and pulse rate</p> <p>3.1.1 Write the vital Signs, Anthropometric measurement and chief complaint on the PRF</p> <p>3.2 Refer the client to the available Medical Officer.</p>                                                                                                | <p>None</p> <p>None</p> <p>None</p> | <p>-</p> <p>2 minutes</p> <p>1 minute</p> | <p>Nurse</p> <p>Nurse</p> <p>Nurse</p>            |
| <p>4. Submit to physical examination, evaluation, and management.</p> <p>4.1 Secure a prescription, if any.</p>                                                                                                                        | <p>4. Examine the patient and give the diagnosis and or diagnostic procedures needed.</p> <p>4.1. Issue the prescription and advise the patient of his/her follow-up checkup, if any. Issue an electronic generated prescription if medicine is applicable.</p>                                                                                                                                               | <p>None</p> <p>None</p>             | <p>5 minutes</p>                          | <p>Medical Officer</p> <p>Medical Officer</p>     |

|                                                                                              |                                                                                                                                                                                                                                                                 |      |           |                        |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|------------------------|
| 4.2 Proceed to PhilHealth YAKAP.                                                             | 4.2 Advise the patient to proceed to the PhilHealth YAKAP section                                                                                                                                                                                               | None |           | Medical Officer        |
| 4.3 Submit to an interview and fill out the eKas and/or ePresS                               | 4.3 Interview the patient and encode the data in Eureka and ask the patient to fill out the Electronic YAKAP Availment Slip (eKas) and/or Electronic Prescription Slip (ePresS)                                                                                 | None | 3 minutes | PhilHealth YAKAP Staff |
| 4.4 Submit to PCU, an online facial recognition to verify identity                           | 4.4 Perform Philhealth Check Utility to validate members identity and PhilSys registration                                                                                                                                                                      |      |           |                        |
| 4.4.1 Obtain information for free PhilHealth registration                                    | 4.4.1 If the patient is not a PhilHealth member, free PhilHealth Registration is available.                                                                                                                                                                     |      |           | PhilHealth YAKAP Staff |
| Fill-out the PhilHealth Member Registration Form (PMRF) and submit the required documents    | Advise the patient to fill-out PhilHealth Member Registration Form (PMRF) and attached a copy of valid ID.<br><br>For dependent 20 years old and below, a copy of birth certificate is required.<br>For the spouse, a copy of Marriage Certificate is required. |      |           |                        |
| 4.4 Proceed to pharmacy to avail of free medicine and/or laboratory area for laboratory test | 4.4 Advise the patient to proceed to the pharmacy to avail of free medicine, if there is a prescription issued; and/or proceed to the laboratory area if a laboratory test is required.                                                                         |      |           |                        |

|                                                                                          |                                                                                         |             |                   |            |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------|-------------------|------------|
| <i>(For laboratory tests, proceed to No. 11, Secondary Clinical Laboratory Services)</i> |                                                                                         |             |                   |            |
| 5. Show the prescription to the Pharmacist and receive the available medicine/s.         | 5. Check the prescription, encode it in the system, and issue the available medicine/s. | None        | 2 minutes         | Pharmacist |
|                                                                                          | <b>TOTAL:</b>                                                                           | <b>None</b> | <b>18 minutes</b> |            |

## 2. DENTAL CHECK-UP AND/OR TOOTH EXTRACTION

The City Health Office (CHO) also provides dental consultation services as well as oral examination and tooth extraction to patients to ensure their proper and adequate oral hygiene. These services are available in every Barangay Health Center.

| <b>OFFICE/<br/>DIVISION:</b>                                       | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                                                                                   |                       |                    |                       |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                             | Simple                                                                                                                                                                                                                                |                       |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                       | G2C – Government to Citizen                                                                                                                                                                                                           |                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                              | Antipolo residents                                                                                                                                                                                                                    |                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                          |                                                                                                                                                                                                                                       | WHERE TO SECURE       |                    |                       |
| None                                                               |                                                                                                                                                                                                                                       | N/A                   |                    |                       |
| CLIENT STEPS                                                       | AGENCY ACTION                                                                                                                                                                                                                         | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Get a Dental queue number from the Information Desk.            | 1. Issue a Dental queue number and direct the client towards the Dental Section.                                                                                                                                                      | None                  | 1 minute           | Information Clerk     |
| 1.1 Proceed to the Dental Section and submit for an interview.     | 1.1 <i>For New Client:</i> Interview the client and fill-out the Dental Record Form.<br><br><i>For Existing Client:</i> Retrieve the client's Dental Record from the file, interview the client, and fill-out the Dental Record Form. | None                  | 5 minutes          | Dental Aide           |
| 1.2 Proceed to the waiting area for queuing.                       | 1.2 Advise the client to queue in the waiting area.                                                                                                                                                                                   | None                  | -                  | Dental Aide           |
| 2. Once called, proceed to the Dental Room for dental examination. | 2. Perform dental examination.                                                                                                                                                                                                        | None                  | 5 minutes          | Dentist               |
| 3. Once called, proceed to the Dental Room for tooth extraction.   | 3. Do anesthetic application and perform tooth extraction.                                                                                                                                                                            | None                  | 10 minutes         | Dentist               |
| 3.1 Receive dental care instruction, and or prescription.          | 3.1. Give dental care instructions, and issue a prescription, if any.                                                                                                                                                                 | None                  | 2 minutes          | Dentist               |

|                                                                                  |                                                               |             |                   |            |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|-------------|-------------------|------------|
| 4. Show the prescription to the Pharmacist and receive the available medicine/s. | 4. Check the prescription and issue the available medicine/s. | None        | 2 minutes         | Pharmacist |
|                                                                                  | <b>TOTAL:</b>                                                 | <b>None</b> | <b>25 minutes</b> |            |

### 3. HIV AND STI TESTING SERVICES

The City Health Office (CHO) through the Social Hygiene Clinic (SHC) handles the detection and treatment of Sexually Transmitted Infections (STIs) particularly among high-risk groups and facilitates the conduct of HIV Counseling and Testing.

|                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |                              |                                                                                         |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                   | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION – SOCIAL HYGIENE CLINIC (SHC)                                                                                                                                                                 |                              |                                                                                         |                                                                              |
| CLASSIFICATION:                                                                                                                                                                                        | Simple                                                                                                                                                                                                                                            |                              |                                                                                         |                                                                              |
| TYPES OF TRANSACTION:                                                                                                                                                                                  | G2C – Government to Citizen                                                                                                                                                                                                                       |                              |                                                                                         |                                                                              |
| WHO MAY AVAIL:                                                                                                                                                                                         | Individuals vulnerable to STI and HIV diseases                                                                                                                                                                                                    |                              |                                                                                         |                                                                              |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                              | WHERE TO SECURE                                                                         |                                                                              |
| 1. Secure a confirmed online schedule – screenshot or printed copy (Optional)<br>2. For walk-in client – None                                                                                          |                                                                                                                                                                                                                                                   |                              | <a href="https://www.facebook.com/antipoloSHC">https://www.facebook.com/antipoloSHC</a> |                                                                              |
| For Online Booked and Walked-in Clients:                                                                                                                                                               |                                                                                                                                                                                                                                                   |                              |                                                                                         |                                                                              |
| CLIENT STEPS                                                                                                                                                                                           | AGENCY ACTION                                                                                                                                                                                                                                     | FEES<br>TO BE<br>PAID        | PROCESSING<br>TIME                                                                      | PERSON<br>RESPONSIBLE                                                        |
| 1. Proceed to the CHO SHC triage.<br><br>Fill out the electronic Health Declaration Form (eHDF).<br><br>1.1 Submit for an interview.<br><br><br><br><br><br><br><br>1.1 Submit to pre-test counseling. | 1. Advise the client to fill out the electronic Health Declaration Form (eHDF).<br><br><br><br><br>1.1 Conduct client interviews while completing the HIV Testing and Screening (HTS) Form.<br><br><br><br><br>1.1 Conduct a pre-test counseling. | None                         | 5 minutes                                                                               | Nurse                                                                        |
| 2. Proceed to the waiting area                                                                                                                                                                         | 2. Submit the HTS form to the laboratory.                                                                                                                                                                                                         | None                         | 2 minutes                                                                               | Nurse                                                                        |
| 3. Once called, proceed to the Blood Extraction Area<br><br>3.1 Wait for the STI/HIV test result<br><br>3.2 Receive the STI/HIV test result                                                            | 3. Perform blood extraction<br><br>3.1 Examine the specimen.<br><br>3.2 Prepare and issue the examination test result.                                                                                                                            | None<br><br>None<br><br>None | 3 minutes<br><br>30 minutes<br><br>2 minutes                                            | Medical Technologist<br><br>Medical Technologist<br><br>Medical Technologist |
| 4. Submit the STI/HIV test result to the SHC Staff/Nurse for post-test counseling<br><br>4.1 Submit to SHC Consultation (with                                                                          | 4. Receive the STI/HIV test result and conduct post-test counseling<br><br>4.1 Advise the client with symptomatic or asymptomatic                                                                                                                 | None                         | 5 minutes                                                                               | SHC Staff / Nurse                                                            |

|                                                         |                                                  |             |                   |  |
|---------------------------------------------------------|--------------------------------------------------|-------------|-------------------|--|
| symptomatic or asymptomatic positive laboratory result) | positive results, to proceed to SHC consultation |             |                   |  |
|                                                         | <b>TOTAL:</b>                                    | <b>None</b> | <b>47 minutes</b> |  |

**Consultation for SHC client:**

| CLIENT STEPS                                                                                                   | AGENCY ACTION                                                                                                                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE  |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------|
| 1. Proceed to SHC Consultation                                                                                 | 1. For <i>New Client</i> :<br>Write the information of the client to Patients Record Form (PRF)<br>• For <i>Existing Client</i> :<br>Retrieve the client's PRF       | None            | 2 minutes       | SHC Nurse           |
| 1.1 Submit to triage.                                                                                          | 1.1 Get the client's vital signs:<br>Temperature, BP, height, weight, and pulse rate and write it in the PRF                                                         |                 |                 |                     |
| 1.2 Proceed to the SHC Medical Officer for consultation.                                                       | 1.2 Refer the client to the SHC Medical Officer.                                                                                                                     | None            | 1 minute        | SHC Nurse           |
| 2. Submit to physical examination, evaluation, and management.                                                 | 2. Examine the patient and give the diagnosis and or diagnostic procedures needed.                                                                                   | None            | 30 minutes      | SHC Medical Officer |
| 2.1 Secure a prescription, and/or laboratory request, if any.                                                  | 2.1 Issue the prescription and advise the patient of his/her follow-up checkup, if any<br><br>Issue a laboratory request depending on the initial impression, if any |                 |                 |                     |
| Obtain information on the advice of a Medical Officer for referral to a Medical Specialist or hospital, if any | Refer to a Medical Specialist or hospital, if needed                                                                                                                 |                 |                 |                     |
| 2.2 Proceed to pharmacy to avail of free medicine and/or laboratory area for laboratory test                   | 2.2 Advise the patient to proceed to the pharmacy to avail of free medicine, if there is a prescription issued;                                                      |                 |                 |                     |



|                                                                                          |                                                                                         |             |                   |            |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------|-------------------|------------|
| <i>(For laboratory tests, proceed to No. 11, Secondary Clinical Laboratory Services)</i> | and/or proceed to the laboratory area if a laboratory test is required                  |             |                   |            |
| 4. Show the prescription to the Pharmacist and receive the available medicine/s.         | 3 .Check the prescription, encode it in the system, and issue the available medicine/s. | None        | 2 minutes         | Pharmacist |
|                                                                                          | <b>TOTAL:</b>                                                                           | <b>None</b> | <b>35 minutes</b> |            |

## 4. ISSUANCE OF SANITARY PERMIT

Pursuant to Presidential Decree No. 856 otherwise known as the Sanitation Code of the Philippines, any and all persons and entities shall first secure a sanitary permit from the local health authority in order to operate business.

|                                                                                                               |                                                                                    |                                              |                    |                          |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|--------------------|--------------------------|
| OFFICE/<br>DIVISION:                                                                                          | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD)    |                                              |                    |                          |
| CLASSIFICATION:                                                                                               | Simple                                                                             |                                              |                    |                          |
| TYPES OF TRANSACTION:                                                                                         | G2B – Government to Business                                                       |                                              |                    |                          |
| WHO MAY AVAIL:                                                                                                | Business Operators and Owners                                                      |                                              |                    |                          |
| CHECKLIST OF REQUIREMENTS                                                                                     |                                                                                    | WHERE TO SECURE                              |                    |                          |
| Recent Business Permit                                                                                        |                                                                                    | Business Permits and Licensing Office (BPLO) |                    |                          |
| FOR MANUAL BUSINESS PERMIT APPLICATION (NGOs)                                                                 |                                                                                    |                                              |                    |                          |
| CLIENT STEPS                                                                                                  | AGENCY ACTION                                                                      | FEES TO<br>BE PAID                           | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE    |
| 1.Submit the requirement to the City Health Office – Environmental Health and Sanitation Division (CHO-EHSD). | 1. Receive and check the requirement.                                              | None                                         | 2 minutes          | Sanitation Inspector     |
| 1.1 Secure an Order of Payment                                                                                | 1.1 Issue the Order of Payment and advise the client to proceed with the payment.  | None                                         | 2 minutes          | Sanitation Inspector     |
| 2. Pay the required fees to the Cashier by showing the Order of Payment                                       | 2. Accept the payment based on the Order of Payment                                | Sanitary Permit Fee – PHP 300.00             | 2 minutes          | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt                                                                                | 2.1 Issue the Official Receipt.                                                    | None                                         | 1 minute           | Revenue Collection Clerk |
| 3. Proceed to the CHO-EHSD, show the Official Receipt                                                         | 3. Check the Official Receipt. Prepare and sign the Sanitary Permit.               | None                                         | 4 minutes          | Sanitation Inspector     |
| 3.1 Sign the Release Log Book and claim the Sanitary Permit.                                                  | 3.1 Request the client to sign the Release Log Book and issue the Sanitary Permit. |                                              |                    |                          |
| Note:                                                                                                         |                                                                                    |                                              |                    |                          |
| a. New business – subject to pre-inspection.                                                                  |                                                                                    |                                              |                    |                          |
| b. Renewal – for scheduled inspection.                                                                        |                                                                                    |                                              |                    |                          |
|                                                                                                               | TOTAL:                                                                             | None                                         | 10 minutes         |                          |

| FOR ONLINE BUSINESS PERMIT APPLICATION                                                                         |                                                                                                                                       |                                                                                                                                               |                  |                      |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|
| CHECKLIST OF REQUIREMENTS                                                                                      |                                                                                                                                       | WHERE TO SECURE                                                                                                                               |                  |                      |
| Unified Assessment Form Business Tax Payment Receipt.                                                          |                                                                                                                                       | Business Permits and Licensing Office (BPLO)<br><a href="https://antipoloonline.egapsonline.com/">https://antipoloonline.egapsonline.com/</a> |                  |                      |
| CLIENT STEPS                                                                                                   | AGENCY ACTION                                                                                                                         | FEES TO BE PAID                                                                                                                               | PROCESSING TIME  | PERSON RESPONSIBLE   |
| 1. Open the link and comply with the requirements online.<br><br>1.1 Wait for the approval of the application. | 1. Check the requirements submitted online.<br><br>1.1 Encode the necessary remarks: Approved ; or need to submit other requirements. | Payment for the Sanitary Permit is already included in the Unified Assessment Form Business Tax Payment Receipt.                              | 2 minutes        | Sanitation Inspector |
|                                                                                                                | <b>TOTAL:</b>                                                                                                                         | <b>Included in the Unified Assessment Form Business Tax Payment Receipt</b>                                                                   | <b>2 minutes</b> |                      |

## 5. ISSUANCE OF HEALTH CERTIFICATE ID / MEDICAL CERTIFICATE

A Health Certificate ID / Medical Certificate is one of the requirements for securing vital documents for school enrollment, job application, and securing a driver's license or visa.

**For Health Certificate Identification (HCID) card:**

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                             | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD) |                                                                                                                                                                                                                                                                                                                  |                 |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                   | Simple                                                                          |                                                                                                                                                                                                                                                                                                                  |                 |                      |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                         | G2C – Government to Citizen;<br>G2B – Government to Business                    |                                                                                                                                                                                                                                                                                                                  |                 |                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                    | Business Operators and Owners                                                   |                                                                                                                                                                                                                                                                                                                  |                 |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                |                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                  |                 |                      |
| 1. Health Certificate Application Registration Code (HCARC) – screenshot or printed copy (Optional)<br><br><i>For food handlers:</i><br>Chest x-ray result – 1 photocopy<br><br><i>For non-food handlers:</i><br>Chest x-ray result – 1 photocopy<br>Urinalysis result – 1 photocopy<br>Fecalalysis result – 1 photocopy |                                                                                 | <a href="https://clearance.eastlandprintink.com/health/Rizal/antipolo">-https://clearance.eastlandprintink.com/health/Rizal/antipolo</a><br><br>- Any laboratory or diagnostic center accredited by the Department of Health<br><br>- Any laboratory or diagnostic center accredited by the Department of Health |                 |                      |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                             | AGENCY ACTION                                                                   | FEES TO BE PAID                                                                                                                                                                                                                                                                                                  | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Secure Health Certificate ID (HCID) from the Information Desk.                                                                                                                                                                                                                                                        | 1. Issue an HCID queue number.                                                  | None                                                                                                                                                                                                                                                                                                             | 2 minutes       | Information Desk     |
| 1.1 Proceed to the waiting area for queuing.                                                                                                                                                                                                                                                                             | 1.1 Advise the client to queue in the waiting area.                             | None                                                                                                                                                                                                                                                                                                             |                 |                      |
| 2 . Once called, submit the laboratory result/s.                                                                                                                                                                                                                                                                         | 2 . Receive the laboratory result/s and check as to validity.                   | None                                                                                                                                                                                                                                                                                                             | 3 minutes       | Sanitation Inspector |
| 2.1 Retrieve the original copy of the laboratory results.                                                                                                                                                                                                                                                                | 2.1 Return the original copy of the documents.                                  | None                                                                                                                                                                                                                                                                                                             |                 |                      |
| 2.2 If the submitted laboratory results are found with abnormality, proceed to the Consultation Section.                                                                                                                                                                                                                 | 2.2 Advise the client to proceed to the Consultation Section.                   | None                                                                                                                                                                                                                                                                                                             |                 |                      |

|                                                                                                                                      |                                                                                                                            |                                                                     |                                                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|--------------------------|
| If the submitted laboratory results are all in the normal range, secure and fill out the Health Certificate Application Form (HCAF). | Issue an HCAF.                                                                                                             | None                                                                |                                                          |                          |
| 3. Pay the required fees to the Cashier by showing the HCAF.                                                                         | 3. Check the HCAF and accept the payment.                                                                                  | Health Certificate ID / Medical Certificate Fee – PHP 150.00        | 2 minutes                                                | Revenue Collection Clerk |
| 3.1 Secure an Official Receipt.                                                                                                      | 3.1 Issue the Official Receipt.                                                                                            | None                                                                | 1 minute                                                 | Revenue Collection Clerk |
| 4. Proceed to the Encoding Section, show the Official Receipt together with the HCARC, if any, and submit the HCAF.                  | 4. Check the Official Receipt and HCARC and receive the HCAF for encoding of the client's data (if not registered online). | None                                                                | 5 minutes (with HCARC)<br><br>10 minutes (without HCARC) | Encoder                  |
| 4.1 Submit to biometric registration.                                                                                                | 4.1 Capture the client's face photograph, fingerprint biometrics and signature.                                            | None                                                                |                                                          | Encoder                  |
| 4.2 Return to the waiting area to queue for the release of the HCID.                                                                 | 4.2 Print the HCID and forward to the Lamination Operator                                                                  | None                                                                |                                                          | Encoder                  |
| 4.3 Once called, receive the HCID.                                                                                                   | 4.3 Laminate the HCID. Call the client and release the HCID.                                                               | None                                                                | 2 minutes                                                | Lamination Operator      |
| (Only for clients whose laboratory results are all in the normal range)                                                              | <b>TOTAL:</b>                                                                                                              | <b>Health Certificate ID / Medical Certificate Fee – PHP 150.00</b> | <b>15 minutes</b>                                        | - With HCARC             |
|                                                                                                                                      |                                                                                                                            |                                                                     | <b>20 minutes</b>                                        | - Without HCARC          |

**For Medical Certificate (Employment Purposes):**

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>     | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                             |
| <b>CLASSIFICATION:</b>       | Simple                                                                                          |
| <b>TYPES OF TRANSACTION:</b> | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |
| <b>WHO MAY AVAIL:</b>        | Employees (government and private)                                                              |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              | WHERE TO SECURE                                                              |                 |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------|--------------------|
| 1. Chest x-ray result – 1 photocopy                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                              | - Any laboratory or diagnostic center accredited by the Department of Health |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                           | AGENCY ACTION                                                                                                                                                                                                                                                                                | FEES TO BE PAID                                                              | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Show the requirement to the Information Desk<br><br><i>Existing Client:</i><br>Present the Patient Information Card (PIC) and get a queue number from the Information Desk.<br><br><i>New Client:</i><br>Get PIC from the Information Desk.<br>Accomplish the PIC.<br><br>Once accomplished, submit the PIC to the Information Desk | 1. Received and check the requirement and PIC.<br><br>Issue a queue number.<br><br>Request the client to accomplish the PIC.<br><br>Received and check the PIC.<br>Issue a queue number.                                                                                                     | None                                                                         | 2 minutes       | Information Clerk  |
| 1.1 Proceed to the hropometric area for height and weight then proceed to Client Step 2                                                                                                                                                                                                                                                | 1.1 Direct the client towards the Anthropometric area for height and weight.                                                                                                                                                                                                                 | None                                                                         | 1 minute        | Information Clerk  |
|                                                                                                                                                                                                                                                                                                                                        | 1.2 Submit the PIC card to the Records Section                                                                                                                                                                                                                                               |                                                                              |                 | Information Clerk  |
|                                                                                                                                                                                                                                                                                                                                        | 1.3 Received the PIC <ul style="list-style-type: none"> <li>For <i>New Client</i>:<br/>Attach the PIC on the new Patients Record Form (PRF) and write the clients information</li> <li>For <i>Existing Client</i>:<br/>Retrieve the client's PRF from the file and attach the PIC</li> </ul> |                                                                              | 2 minutes       | Records Clerk      |
|                                                                                                                                                                                                                                                                                                                                        | 1.4 Submit the PRF to the Nurse Station for client's interview                                                                                                                                                                                                                               |                                                                              | 1 minute        | Records Clerk      |
| 2. Submit to Anthropometric measurement for height and weight                                                                                                                                                                                                                                                                          | 2. Get the client Anthropometric measurement and write in a designated piece of paper.                                                                                                                                                                                                       | None                                                                         | 2 minutes       | Nursing Assistant  |
| 2.1 Proceed to the waiting area for queuing.                                                                                                                                                                                                                                                                                           | 2.2 Direct the client towards the waiting area                                                                                                                                                                                                                                               | None                                                                         |                 | Nursing Assistant  |

|                                                                                                                              |                                                                                                                                                                                                               |      |           |                 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|-----------------|
|                                                                                                                              |                                                                                                                                                                                                               |      |           |                 |
| 3 .Once called, proceed to the Nurse Station for triage.<br><br>Submit the piece of paper with height and weight measurement | 3.Receive the piece of paper with height and weight measurements.                                                                                                                                             | None | -         | Nurse           |
| 3 .1 Submit to triage.                                                                                                       | 3.1 Get the client's vital signs: Temperature, BP, and pulse rate<br><br>3.1.1 Write the vital signs and Anthropometric measurement on the PRF                                                                | None | 2 minutes | Nurse           |
| 3.2 Proceed to the available Medical Officer for consultation.                                                               | 3.2 Refer the client to the available Medical Officer.                                                                                                                                                        | None | 1 minute  | Nurse           |
| 4. Submit to physical examination, evaluation, and management<br><br>4 .1 Secure a Medical Certificate Request Form (MCRF).  | 4 Examine the patient and give the diagnosis and or diagnostic procedures needed<br><br>4 .1 Issue the MCRF. Advise the patient to proceed to the Medical Certificate Section beside the Sanitation Division. | None | 5 minutes | Medical Officer |
| 4. Submit the MCRF to the Admin. Staff at the 2 <sup>nd</sup> Floor.                                                         | 4. Receive the MCRF and prepare the Medical Certificate.                                                                                                                                                      | None | 2 minutes | Admin. Staff    |
| 4 .1 Receive the Medical Certificate and hand it over to the attending Medical Officer.                                      | 4 .1 Issue the dry-sealed Medical Certificate to be given by the client to the attending Medical Officer for signature.                                                                                       | None | 1 minute  | Admin. Staff    |

|                                                |                                                     |             |                   |                 |
|------------------------------------------------|-----------------------------------------------------|-------------|-------------------|-----------------|
| 4.2 Claim the duly signed Medical Certificate. | 4.2 Check, sign, and issue the Medical Certificate. | None        | 1 minute          | Medical Officer |
|                                                | <b>TOTAL:</b>                                       | <b>None</b> | <b>20 minutes</b> |                 |



## 6. ISSUANCE OF CERTIFICATE OF WATER POTABILITY

A Certificate of Water Potability is being issued to owners of the Public Water System for the acceptable values of the determined parameters in measuring water quality and as compliance with the National Standards for Drinking Water.

| <b>OFFICE/<br/>DIVISION:</b>                                                                  | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD) |                                                                  |                   |                          |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                        | Simple                                                                          |                                                                  |                   |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                  | G2B – Government to Business                                                    |                                                                  |                   |                          |
| <b>WHO MAY AVAIL:</b>                                                                         | Owners/operators of a public water system                                       |                                                                  |                   |                          |
| CHECKLIST OF REQUIREMENTS                                                                     |                                                                                 | WHERE TO SECURE                                                  |                   |                          |
| 1. Microbiological Examination and Physical and Chemical Analysis                             |                                                                                 | - Any DOH-accredited water testing laboratory for drinking water |                   |                          |
| CLIENT STEPS                                                                                  | AGENCY ACTION                                                                   | FEES TO BE PAID                                                  | PROCESSING TIME   | PERSON RESPONSIBLE       |
| 1. Submit the requirements to the Environmental Health and Sanitation Division (EHSD) of CHO. | 1. Receive the requirements and check the same as to validity.                  | None                                                             | 2 minutes         | Sanitation Inspector     |
| 1.1 Secure an Order of Payment.                                                               | 1.1 Issue the Order of Payment.                                                 | None                                                             | 1 minute          | Sanitation Inspector     |
| 2. Pay the required fees to the Cashier by showing the Order of Payment.                      | 2. Accept the payment based on the Order of Payment.                            | Certification fee – PHP 100.00                                   | 2 minutes         | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt.                                                               | 2.1 Issue the Official Receipt.                                                 | None                                                             | 1 minute          | Revenue Collection Clerk |
| 3. Return to the EHSD and show the Official Receipt.                                          | 3. Check the Official Receipt and prepare the Certificate of Water Potability.  | None                                                             | 3 minutes         | Sanitation Inspector     |
| 3.1 Receive the Certificate of Water Potability.                                              | 3.1 Review, sign, and issue the Certificate of Water Potability.                | None                                                             | 1 minute          | Sanitation Inspector     |
|                                                                                               | <b>TOTAL:</b>                                                                   | <b>Certification Fee – PHP 100.00</b>                            | <b>10 minutes</b> |                          |

## 7. ISSUANCE OF PERMITS FOR BURIAL, EXHUMATION, CREMATION AND OR TRANSFER & TRANSPORT OF CADAVER

The City Health Office facilitates the issuance of permits for burial, exhumation, cremation, and or transfer and transport of cadavers that will be buried within Antipolo City or outside Antipolo City.

| <b>OFFICE/<br/>DIVISION:</b>                                                           | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD) |                                                    |                 |                          |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                 | Simple                                                                          |                                                    |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                           | G2C – Government to Citizen;<br>G2B – Government to Business                    |                                                    |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                  | Family of the deceased, funeral parlors                                         |                                                    |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                              |                                                                                 | WHERE TO SECURE                                    |                 |                          |
| 1. Certificate of Death form<br>2. Notarized waiver by the immediate family            |                                                                                 | - City Civil Registrar's Office<br>- Notary Public |                 |                          |
| CLIENT STEPS                                                                           | AGENCY ACTION                                                                   | FEES TO BE PAID                                    | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements to the Environmental Health and Sanitation Division (EHSD). | 1. Receive and check the requirements.                                          | None                                               | 2 minutes       | Information Staff        |
| 1.1 Secure an Order of Payment.                                                        | 1.1 Issue the Order of Payment.                                                 | None                                               |                 |                          |
| 2. Pay the required fees to the Cashier by showing the Order of Payment.               | 2. Accept the payment based on the Order of Payment.                            | PHP 300.00 – Burial Permit (outside Antipolo City) | 3 minutes       | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt.                                                        | 2.1 Issue the Order of Payment.                                                 | PHP 200.00 – Burial Permit (within Antipolo City)  |                 |                          |
|                                                                                        |                                                                                 | PHP 500.00 –Exhumation Permit                      |                 |                          |
|                                                                                        |                                                                                 | PHP 500.00 – Cremation Permit                      |                 |                          |
|                                                                                        |                                                                                 | PHP 300.00 – Transfer & Transport Permit           |                 |                          |
| 3. Return to the EHSD and show the Official Receipt.                                   | 3. Check the Official Receipt and prepare the Permit.                           | None                                               | 3 minutes       | Admin. Staff             |
| 3.1 Secure the Permit.                                                                 | 3.1 Review, sign, and issue the Permit.                                         | None                                               | 2 minutes       | Sanitation Inspector     |

|  |               |                                                                                                                                                                                                                                    |                   |  |
|--|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|
|  |               |                                                                                                                                                                                                                                    |                   |  |
|  | <b>TOTAL:</b> | PHP 200.00 – Burial<br>(within Antipolo City)<br>PHP 300.00<br>– Burial (Outside<br>Antipolo City)<br>PHP 500.00 –<br>Exhumation Permit<br><br>PHP 500.00 –<br>Cremation Permit<br><br>PHP 300.00 – Transfer<br>& Transport Permit | <b>10 minutes</b> |  |

## 8. SIGNING OF DEATH CERTIFICATES

The City Health Office facilitates the signing of the Certificate of Death for those not medically attended after ascertaining the cause of death through verbal autopsy/interview with the family members who are knowledgeable as to the probable cause of death.

| <b>OFFICE/<br/>DIVISION:</b>                                                      | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD)                                            |                                                    |                 |                          |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                            | Simple                                                                                                                     |                                                    |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                      | G2C – Government to Citizen;<br>G2B – Government to Business                                                               |                                                    |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                             | Family of the deceased                                                                                                     |                                                    |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                         |                                                                                                                            | WHERE TO SECURE                                    |                 |                          |
| 1. Certificate of Death form<br>2. Notarized waiver by the immediate family       |                                                                                                                            | - City Civil Registrar's Office<br>- Notary Public |                 |                          |
| CLIENT STEPS                                                                      | AGENCY ACTION                                                                                                              | FEES TO BE PAID                                    | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Secure a queue number and proceed to the waiting area for queuing.             | 1. Issue the queue number.                                                                                                 | None                                               | 5 minutes       | Information Staff        |
| 2. Once called, proceed to the Consultation Room and show the requirements.       | 2. Check the requirements, and interview the client to ascertain the probable cause of death.                              | None                                               | 5 minutes       | Medical Officer          |
| 2.1 Proceed to the Death Certificate Section to process the document.             | 2.1 Accomplish the Certificate of Death by indicating the cause of death and the name of the interviewing Medical Officer. | None                                               | 3 minutes       | Admin. Staff             |
| 2.2 Secure an Order of Payment and receive the accomplished Certificate of Death. | 2.1 Issue the Order of Payment and return the Certificate of Death to the client.                                          | None                                               | 2 minutes       | Admin. Staff             |
| 3. Pay the required fees to the Cashier by showing the Order of Payment.          | 3. Accept the payment based on the Order of Payment.                                                                       | PHP 200.00 – Burial (within Antipolo City)         | 3 minutes       | Revenue Collection Clerk |
| 3.1 Secure an Official Receipt.                                                   | 3.1 Issue the Official Receipt.                                                                                            | PHP 300.00 – Burial (Outside Antipolo City)        |                 |                          |
|                                                                                   |                                                                                                                            | PHP 500.00 – Exhumation Permit                     |                 |                          |

|                                                                                                                                                                                  |                                                                                                                                        |                                                                                                                                                                                                                  |                   |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|
|                                                                                                                                                                                  |                                                                                                                                        | PHP 500.00 – Cremation Permit<br><br>PHP 300.00 – Transfer & Transport Permit                                                                                                                                    |                   |                 |
| 4. Return to the Consultation Room and show the Official Receipt and the Certificate of Death.                                                                                   | 4. Check the Official Receipt, and review and sign the Certificate of Death.                                                           | None                                                                                                                                                                                                             | 2 minutes         | Medical Officer |
| 4.1 Receive the signed Certificate of Death and proceed to the City Civil Registrar's Office for death registration.                                                             | 4.1 Issue the signed Certificate of Death.                                                                                             | None                                                                                                                                                                                                             |                   |                 |
| 5. Return to CHO - Death Certificate Section and show the registered death certificate to claim the permits (Burial, Cremation/ Exhumation, and Transfer & Transport of Cadaver) | 5. Check the registered death certificate and prepare the permits (Burial, Cremation/ Exhumation, and Transfer & Transport of Cadaver) | None                                                                                                                                                                                                             | 5 minutes         | Admin. Staff    |
| 5.1 Receive the permits                                                                                                                                                          | Issue the permits                                                                                                                      |                                                                                                                                                                                                                  |                   |                 |
|                                                                                                                                                                                  | <b>TOTAL:</b>                                                                                                                          | PHP 200.00 – Burial (within Antipolo City)<br>PHP 300.00 – Burial (Outside Antipolo City)<br>PHP 500.00 – Exhumation Permit<br><br>PHP 500.00 – Cremation Permit<br><br>PHP 300.00 – Transfer & Transport Permit | <b>25 minutes</b> |                 |

## 9. TREATMENT OF ANIMAL BITE (I MALL)

The City Health Office (CHO) provides vaccination and medical treatment for animal bite cases.

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                            |                                                                                                                                                                                                                                            |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                        |                                                                                                                                                                                                                                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                     |                                                                                                                                                                                                                                            |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                                                                                |                                                                                                                                                                                                                                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                            | All                                                                                                                                                                        |                                                                                                                                                                                                                                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                            | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                     |                        |                           |
| 1. Post Exposure Treatment Record (PETR) (for repeater)<br><br><i>For PhilHealth member:</i><br>2. PhilHealth ID<br>3. Member Data Record (MDR) for PhilHealth member<br><br><i>For non-PhilHealth member:</i><br>2. PhilHealth Member Registration Form (PMRF)<br>3. Any government-issued ID card<br><br><i>For non-PhilHealth member senior citizen:</i><br>2. PMRF<br>3. Senior Citizen ID card<br>4. PWD ID |                                                                                                                                                                            | - CHO Animal Bite Center<br><br>- PhilHealth<br>- PhilHealth<br><br>- CHO Animal Bite Center<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN)<br><br>- CHO Animal Bite Center<br>- CSWDO (OSCA)<br>- CSWDO |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                                                                                                       | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1 Proceed to the CHO Animal Bite Center of the City Health Office located at the 2 <sup>nd</sup> Floor of iMall beside post office<br><br><i>For new client:</i><br>Get a queue number to the OPSS at the ABTC entrance<br><br><i>For existing client:</i><br>Present to the OPSS at the ABTC entrance the Post Exposure Treatment Record (PETR) and get a queue number                                          | 1. <i>For new client</i><br>Issue a queue number to the client<br><br><i>For existing client</i><br>Check the validity of the PETR then issue a queue number to the client | None                                                                                                                                                                                                                                       | 1 minute               | OPSS                      |
| 1.1 Proceed to the waiting area for queuing.                                                                                                                                                                                                                                                                                                                                                                     | 1.1 Direct the client towards Room no 1 ( <i>New client</i> ) or Room no 2 ( <i>Existing client</i> )                                                                      | None                                                                                                                                                                                                                                       | 1 minute               | OPSS                      |

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                   |                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>For new client:</i><br/>Proceed to Room 1</p> <p><i>For existing client:</i><br/>Proceed to Room 2</p>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                   |                                                                                                                                                 |
| <p>2. <i>For new client:</i><br/>Once called, proceed registration and screening area Present valid ID for registration.</p> <p>2.1 Submit for interview</p> <p>2.2 Submit to assessment/wound examination.</p> <p>2.3 Proceed to the waiting area</p> <p>2.4 None</p> | <p>2. Register the client's pertinent data in the Animal and Human Bite Data Sheet (AHBDS).</p> <p>2.1 Prepare the Post Exposure Treatment Record (PETR)</p> <p>2.2 Assess/examine/ diagnose the wound. Write on the PETR the wound Category.</p> <p>If the wound is Category III, write on top of the AHBDS, "For PhilHealth"</p> <p>2.3 Advise the client to proceed to the waiting area</p> <p>2.4 Submit the AHBDS and PETR to master listing area</p>                            | <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>2 minutes</p> <p>1 minute</p> <p>2 minutes</p> <p>1 minute</p> | <p>Nurse Assistant / ABTC Staff</p> <p>Nurse Assistant / ABTC Staff</p> <p>Nurse Assistant / ABTC Staff</p> <p>Nurse Assistant / ABTC Staff</p> |
| <p>3. None</p> <p>4. 1 None</p> <p>3.2 <i>For Existing Client:</i><br/>Once called, proceed to registration area at room 2 Present the PETR.</p> <p>3.2.1 Proceed to the waiting area for vaccination</p>                                                              | <p>3. Received the AHBDS and PETR. Identify whether the patient is new, existing, or PhilHealth. Write the client data according to the specified logbook.</p> <p>3.1 Submit the AHBDS and PETR of the new client to:</p> <p>For Category III client, for PhilHealth Processing or Vaccination area Category I &amp; II client</p> <p>3.2 Check the validity of the PETR.</p> <p>3.2.1 For PhilHealth eligible, advise the client to proceed to the waiting area for vaccination.</p> | <p>None</p> <p>None</p> <p>None</p>             | <p>1 minute</p> <p>1 minute</p> <p>1 minute</p>                   | <p>Nurse</p> <p>Nurse</p> <p>Nurse</p>                                                                                                          |

|                                                                                                                                              |                                                                                                                                                                                                                                                                                                   |      |           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------------------------------|
| Received the prescription and acquire information as to where to buy vaccine/s and proceed to the waiting area for Vaccination once returned | For Category I or II, issue a prescription for 2 <sup>nd</sup> or 3 <sup>rd</sup> or 4 <sup>th</sup> dose.<br><br>Advise the client to buy vaccine/s only in an authorized drug store to prevent counterfeit vaccines and proceed to vaccination area when the client comes back with the vaccine | None | 1 minute  | Nurse                            |
| 4. <i>For New Client:</i><br>Once called, listen as to what Table to proceed:                                                                | 4 . Receive the AHBDS and PETR. Call the Client on queue.                                                                                                                                                                                                                                         | None | 1 minute  | Admin Staff                      |
| 4.1 For Philhealth area submit to PhilHealth processing.<br><br>For Table No. 4, proceed to Client Step No. 4.2.1                            | 4.1 Check the requirements and evaluate if the client is eligible to avail the PhilHealth Animal Bite Treatment Package.<br><br>Process the PhilHealth Claim Forms, write on top of the PETR the letter "P".                                                                                      | None | 3 minutes | Admin Staff                      |
| 4.2 None                                                                                                                                     | 4.1.1 Submit the AHBDS and PETR to Table No. 4                                                                                                                                                                                                                                                    | None | 1 minute  | Admin Staff                      |
| 4.2.1 Once called proceed to Listing area                                                                                                    | 4 .2 Receive the AHBDS and PETR. Record the client's information on the logbook.                                                                                                                                                                                                                  | None | 1 minute  | Admin Staff                      |
| 4.2.2 Submit for signing on the logbook, confirming to receive a free vaccine                                                                | 4.2.1. Call the Client on queue.                                                                                                                                                                                                                                                                  | None | 1 minute  | Admin Staff                      |
| 4.2.3 Proceed to the waiting area for vaccination                                                                                            | 4.2.2 Advise the client to sign on the logbook.<br><br>If the wound is Category I or II inform the client that 1 <sup>st</sup> dose is free (if there is an available vaccine)                                                                                                                    | None | 1 minute  | Admin Staff                      |
| 4.2.4 None                                                                                                                                   | 4.2.3 Direct the client to the vaccination waiting area                                                                                                                                                                                                                                           | None | 1 minute  | Admin Staff                      |
|                                                                                                                                              | 4. 2.4 Submit the AHBDS and PETR to Queuing Area for final review of records                                                                                                                                                                                                                      | None | 1 minute  | Admin Staff                      |
| 5. None                                                                                                                                      | 5. Received the AHBDS and PETR.<br><br>Write on the AHBDS and PETR the next visit of the client.                                                                                                                                                                                                  | None | 2 minutes | Table No. 5<br>Nurse/<br>Midwife |



|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                              |                   |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| <p>5.1 Once called, give the vaccine/s</p> <p>5.2 Proceed to the vaccination waiting area</p>                                                                                                                                                                                                                                                                  | <p>5.1 Call the client on queue and receive the vaccine/s</p> <p>5.2 Direct the client to proceed to the vaccination waiting area</p> <p>5.3 Submit the PETR and vaccine/s to the vaccination area</p>                  |                                                                                              |                   |                                                             |
| <p>6. Once called, proceed to the vaccination area</p> <p>6.1 Undergo vaccination at the Animal Bite Treatment Room.</p> <p><b>An important reminder to the client:</b></p> <p>Monitor the biting animal for 14 days for any change in behavior and inform the CHO Animal Bite Treatment Center of the same as well as any adverse effects of the vaccine.</p> | <p>5. Received the PETR and vaccine/s.<br/>Call the client on queue.</p> <p>6.1 Administer vaccine and inform the client of the next vaccination schedule and the prohibited foods and drinks during the treatment.</p> | None                                                                                         | 2 minutes         | Nurse/<br>Midwife                                           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                                                                                                           | FREE for the 1 <sup>st</sup> dose (depending on the availability of the anti-rabies vaccine) | <b>16 minutes</b> | - If eligible to avail of the Animal Bite Treatment Package |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                              | <b>20 minutes</b> | - If not eligible                                           |

## 10. TREATMENT OF ANIMAL BITE (SM DOWNTOWN)

The City Health Office (CHO) provides vaccination and medical treatment for animal bite cases.

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |                                                                                                                                                                                                                                            |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                            |                                                                                                                                                                                                                                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                         |                                                                                                                                                                                                                                            |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                                                                                    |                                                                                                                                                                                                                                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                            | All                                                                                                                                                                            |                                                                                                                                                                                                                                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                     |                            |                               |
| 1. Post Exposure Treatment Record (PETR) (for repeater)<br><br><i>For PhilHealth member:</i><br>2. PhilHealth ID<br>3. Member Data Record (MDR) for PhilHealth member<br><br><i>For non-PhilHealth member:</i><br>2. PhilHealth Member Registration Form (PMRF)<br>3. Any government-issued ID card<br><br><i>For non-PhilHealth member senior citizen:</i><br>2. PMRF<br>3. Senior Citizen ID card<br>4. PWD ID |                                                                                                                                                                                | - CHO Animal Bite Center<br><br>- PhilHealth<br>- PhilHealth<br><br>- CHO Animal Bite Center<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN)<br><br>- CHO Animal Bite Center<br>- CSWDO (OSCA)<br>- CSWDO |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                                                                                                           | <b>FEES TO<br/>BE PAID</b>                                                                                                                                                                                                                 | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Proceed to the CHO Animal Bite Center of the City Health Office located 2 <sup>nd</sup> floor of SM Downtown<br><br><i>For new client:</i><br>Get a queue number to the OPSS at the ABTC entrance<br><br><i>For existing client:</i><br>Present to the OPSS at the ABTC entrance the Post Exposure Treatment Record (PETR) and get a queue number                                                             | 1. <i>For new client</i><br>Issue a queue number to the client<br><br><br><i>For existing client</i><br>Check the validity of the PETR then issue a queue number to the client | None                                                                                                                                                                                                                                       | 1 minute                   | OPSS                          |
| 1.2 Proceed to the waiting area for queuing.                                                                                                                                                                                                                                                                                                                                                                     | 1.1 Direct the client towards the waiting area for Table No. 1 ( <i>New client</i> ) or Table No. 3 ( <i>Existing client</i> )                                                 | None                                                                                                                                                                                                                                       | 1 minute                   | OPSS                          |

|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                                                   |                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>For new client:</i><br/>Proceed to the waiting area for Table No. 1</p> <p><i>For existing client:</i><br/>Proceed to the waiting area for Table No. 3</p>                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                                                   |                                                                                                                                                                                                       |
| <p>2. <i>For new client:</i><br/>Once called, proceed to Table No. 1 Present valid ID for registration.</p> <p>2.1 Submit for interview</p> <p>2.4 Submit to assessment/wound examination.</p> <p>2.5 Proceed to the waiting area for Table No. 3</p> <p>2.4 None</p> | <p>2. Register the client's pertinent data in the Animal and Human Bite Data Sheet (AHBDS).</p> <p>2.1 Prepare the Post Exposure Treatment Record (PETR)</p> <p>2.2 Assess/examine/ diagnose the wound.<br/>Write on the PETR the wound Category.</p> <p>If the wound is Category III, write on top of the AHBDS, "For PhilHealth"</p> <p>2.3 Advise the client to proceed to the waiting area for Table No. 3</p> <p>2.4 Submit the AHBDS and PETR to Table No. 3</p>                                   | <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>2 minutes</p> <p>1 minute</p> <p>2 minutes</p> <p>1 minute</p> | <p>Table No. 1 and 2 Nurse Assistant / ABTC Staff</p> <p>Table No. 1 Nurse Assistant / ABTC Staff</p> <p>Table No. 2 Nurse Assistant / ABTC Staff</p> <p>Table No. 2 Nurse Assistant / ABTC Staff</p> |
| <p>3. None</p> <p>4.2 None</p> <p>3.2 <i>For Existing Client:</i><br/>Once called, proceed to Table No. 4. Present the PETR.</p> <p>3.2.1 Proceed to the waiting area for vaccination</p>                                                                             | <p>3. Received the AHBDS and PETR. Identify whether the patient is new, existing, or PhilHealth. Write the client data according to the specified logbook.</p> <p>3.1 Submit the AHBDS and PETR of the new client to:</p> <p>Table No. 3 for Category III client, for PhilHealth Processing<br/>or<br/>Table No. 4 for Category I &amp; II client</p> <p>3.2 Check the validity of the PETR.</p> <p>3.2.1 For PhilHealth eligible, advise the client to proceed to the waiting area for vaccination.</p> | <p>None</p> <p>None</p> <p>None</p>             | <p>1 minute</p> <p>1 minute</p> <p>1 minute</p>                   | <p>Table No. 3 Nurse</p> <p>Table No. 3 Nurse</p> <p>Table No. 3 Nurse</p>                                                                                                                            |

|                                                                                                                                                                    |                                                                                                                                                                                                                                                                                          |      |           |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------------------------|
| Received the prescription and acquire information as to where to buy vaccine/s and proceed to the waiting area for Table No. 5 (Client Step No. 5.1) once returned | For Category I or II, issue a prescription for 2 <sup>nd</sup> or 3 <sup>rd</sup> or 4 <sup>th</sup> dose.<br><br>Advise the client to buy vaccine/s only in an authorized drug store to prevent counterfeit vaccines and proceed to Table 5 when the client comes back with the vaccine | None | 1 minute  | Table No. 3 Nurse          |
| 4. <i>For New Client:</i><br>Once called, listen as to what Table to proceed:                                                                                      | 4. Receive the AHBDS and PETR. Call the Client on queue.                                                                                                                                                                                                                                 | None | 1 minute  | Table No. 2 Admin Staff    |
| 4.1 For Table No. 3, submit to PhilHealth processing.                                                                                                              | 4.1 Check the requirements and evaluate if the client is eligible to avail the PhilHealth Animal Bite Treatment Package.                                                                                                                                                                 | None | 3 minutes | Table No. 2 Admin Staff    |
| For Table No. 4, proceed to Client Step No. 4.2.1                                                                                                                  | Process the PhilHealth Claim Forms, write on top of the PETR the letter "P".                                                                                                                                                                                                             |      |           |                            |
| 4.2 None                                                                                                                                                           | 4.1.1 Submit the AHBDS and PETR to Table No. 4                                                                                                                                                                                                                                           | None | 1 minute  | Table No. 2 Admin Staff    |
|                                                                                                                                                                    | 4.2 Receive the AHBDS and PETR. Record the client's information on the logbook.                                                                                                                                                                                                          | None | 1 minute  | Table No. 4 Admin Staff    |
| 4.2.1 Once called proceed to Table No. 4                                                                                                                           | 4.2.1 Call the Client on queue.                                                                                                                                                                                                                                                          | None | 1 minute  | Table No. 4 Admin Staff    |
| 4.2.2 Submit for signing on the logbook, confirming to receive a free vaccine                                                                                      | 4.2.2 Advise the client to sign on the logbook.                                                                                                                                                                                                                                          | None | 1 minute  | Table No. 4 Admin Staff    |
|                                                                                                                                                                    | If the wound is Category I or II inform the client that 1 <sup>st</sup> dose is free (if there is an available vaccine)                                                                                                                                                                  |      |           |                            |
| 4.2.3 Proceed to the waiting area for vaccination                                                                                                                  | 4.2.3 Direct the client to the vaccination waiting area                                                                                                                                                                                                                                  | None | 1 minute  | Table No. 4 Admin Staff    |
| 4.2.4 None                                                                                                                                                         | 4.2.4 Submit the AHBDS and PETR to Table No. 5.                                                                                                                                                                                                                                          | None | 1 minute  | Table No. 4 Admin Staff    |
| 5. None                                                                                                                                                            | 5. Received the AHBDS and PETR.<br><br>Write on the AHBDS and PETR the next visit of the client.                                                                                                                                                                                         | None | 2 minutes | Table No. 5 Nurse/ Midwife |

|                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                              |                   |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| 5.1 Once called, give the vaccine/s                                                                                                                                                                                            | 5.1 Call the client on queue and receive the vaccine/s                                                                                  |                                                                                              |                   |                                                             |
| 5.2 Proceed to the vaccination waiting area                                                                                                                                                                                    | 5.2 Direct the client to proceed to the vaccination waiting area                                                                        |                                                                                              |                   |                                                             |
|                                                                                                                                                                                                                                | 5.3 Submit the PETR and vaccine/s to the vaccination area                                                                               |                                                                                              |                   |                                                             |
| 6. Once called, proceed to the vaccination area                                                                                                                                                                                | 5. Received the PETR and vaccine/s. Call the client on queue.                                                                           | None                                                                                         | 2 minutes         | Nurse/ Midwife                                              |
| 6.1 Undergo vaccination at the Animal Bite Treatment Room.                                                                                                                                                                     | 6.1 Administer vaccine and inform the client of the next vaccination schedule and the prohibited foods and drinks during the treatment. |                                                                                              |                   |                                                             |
| <b>An important reminder to the client:</b><br><br>Monitor the biting animal for 14 days for any change in behavior and inform the CHO Animal Bite Treatment Center of the same as well as any adverse effects of the vaccine. |                                                                                                                                         |                                                                                              |                   |                                                             |
|                                                                                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                           | FREE for the 1 <sup>st</sup> dose (depending on the availability of the anti-rabies vaccine) | <b>16 minutes</b> | - If eligible to avail of the Animal Bite Treatment Package |
|                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                              | <b>20 minutes</b> | - If not eligible                                           |

## 11. TUBERCULOSIS DIAGNOSIS AND TREATMENT SERVICES

The City Government, in partnership with international and national government and non-government agencies and other organizations, implements an anti-tuberculosis program for tuberculosis (TB) prevention and treatment of TB patients.

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                              | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION – TB DOTS SECTION                                                                                                                                                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                    | Simple                                                                                                                                                                                                                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                              | G2C – Government to Citizen                                                                                                                                                                                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                     | TB patients and individuals experiencing severe cough for 2 weeks                                                                                                                                                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                          | <b>WHERE TO SECURE</b>                                                                                                                                                                                                          |
| 1. Medical Record – 1 photocopy<br>2. Sputum Examination Result (obtainable within the process below)<br>3. Previous and latest chest x-ray film and result – 1 photocopy each<br><br><i>For NTP Enrollment:</i><br>1. Barangay Clearance – 1 photocopy<br>2. Katibayan Form<br>3. Sitio Chairman's ID card – 1 photocopy | - CHO Records Section<br>- CHO Laboratory Section<br><br>- Any DOH-accredited laboratory or diagnostic center / Accucel and Dr. Jitz Laboratory (for sputum)<br><br>- Barangay Hall<br>- City Health Office<br>- Sitio Chairman |

### FOR DIRECT SPUTUM SMEAR MICROSCOPY (DSSM) PROCEDURE:

| CLIENT STEPS                                                                                                                                                                                | AGENCY ACTION                                                                                                                                                                                                                                                                                                                | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Visit the Tuberculosis Directly Observed Treatment Short Course (TB-DOTS) Section for evaluation and instructions. Receive the empty sputum cup.<br><br>1.1 Receive an empty sputum cup. | 1. Conduct the following:<br>- Client interview<br>- Checking of the client's vital signs<br>- Recording of the client's medical history<br>- Instruction of the proper procedure of sputum specimen collection<br><br>1.1 Provide the client with one (1) empty sputum cup (properly labeled) for sputum sample collection. | None            | 1 day           | TB DOTS Nurse      |
| 2. Collect early morning sputum sample at home by spitting into the sputum cup and seal the same immediately.                                                                               | 2. None                                                                                                                                                                                                                                                                                                                      | None            | 1 day           | Client             |

|                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |               |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------|-----------------------------------------|
| <p>3. Submit the sputum sample to the TB-DOTS for DSSM examination.</p> <p>3.1 Receive the empty sputum cup and proceed to the induction area (<i>dahakan</i>) to collect on-the-spot sputum sample.</p> <p>3.2 Submit the second sputum sample to the TB DOTS nurse.</p> <p>3.3 Obtain information as to the release date of the DSSM result.</p> | <p>3. Receive the 1<sup>st</sup> sputum sample of the client for DSSM examination.</p> <p>3.1 Provide the client with another empty sputum cup (properly labeled) for the collection of the on-the-spot sputum sample.</p> <p>3.2 Receive the 2<sup>nd</sup> sputum sample of the client for DSSM examination.</p> <p>3.3 Inform the client of the release date of the DSSM result.</p>                                  | None                                |               | TB DOTS Nurse                           |
| <p>4. On the date specified, return to the TB DOTS to claim the DSSM Result.</p> <p>4.1 In case of negative result in DSSM, proceed to the Pulmonologist/ Medical Officer for assessment.</p> <p>In case of positive result, receive another empty sputum cup as well as direction to proceed with the Gene-Xpert Procedure as the next step.</p>  | <p>4. Release the DSSM result.</p> <p>4.1 For negative DSSM Result, refer the patient to the Pulmonologist / Medical Officer for assessment.</p> <p>For positive DSSM Result, provide the client with an empty sputum cup for another sputum sample collection to be submitted for Gene-Xpert examination on any of the following schedules:</p> <p>Every Monday, Tuesday, Thursday at 8:00-10:00 AM at the TB-DOTS.</p> | <p>None</p> <p>None</p> <p>None</p> | 1 day         | TB DOTS Nurse                           |
| <p>(For negative DSSM results only)</p> <p>5. Submit to medical assessment for other possible respiratory diseases and secure a prescription, if any.</p>                                                                                                                                                                                          | <p>Assess the patient for other possible respiratory diseases and or issue the patient's prescription.</p>                                                                                                                                                                                                                                                                                                               | None                                |               | Pulmonologist/ Medical Officer, TB DOTS |
|                                                                                                                                                                                                                                                                                                                                                    | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                            | None                                | <b>3 days</b> |                                         |

#### FOR / GENE-XPRT PROCEDURE:

| CLIENT STEPS                                                                                                     | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|------------------------------------------------------------------------------------------------------------------|---------------|-----------------|-----------------|--------------------|
| 1. Collect an early morning sputum sample at home by spitting into the sputum cup and seal the same immediately. | 1. None       | None            | 1 day           | Client             |

|                                                                                                                                                       |                                                                                                                                                   |             |               |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|
| 2. Submit the sputum sample to the TB-DOTS for Gene-Xpert examination.<br><br>2.1 Obtain information as to the release date of the Gene-Xpert result. | 2. Receive the sputum sample of the client for Gene-Xpert examination.<br><br>2.1 Inform the client of the release date of the Gene-Xpert result. | None        |               | TB DOTS Nurse |
| 3. On the date specified, return to the TB DOTS to claim the Gene-Xpert Result.                                                                       | 3. Release the Gene-Xpert result.                                                                                                                 | None        | 1 day         | TB DOTS Nurse |
|                                                                                                                                                       | <b>TOTAL:</b>                                                                                                                                     | <b>None</b> | <b>2 days</b> |               |

### FOR PRE-ENROLLMENT IN THE NATIONAL TUBERCULOSIS PROGRAM (NTP):

| CLIENT STEPS                                                                                                                                                                       | AGENCY ACTION                                                                                                                                                                                                 | FEES TO BE PAID | PROCESSING TIME                   | PERSON RESPONSIBLE                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|-----------------------------------|
| 1. Submit the Gene-Xpert and X-ray results to the TB DOTS nurse.                                                                                                                   | 1. Receive the Gene-Xpert and X-ray results.                                                                                                                                                                  | None            | 1 minute                          | TB DOTS Nurse                     |
| 2. Undergo assessment procedures.                                                                                                                                                  | 2. Conduct the following:<br><br>- Client interview<br>- Checking of the client's vital signs<br>- Recording of the client's medical history<br>- Screening of the Gene-Xpert and chest X-ray results.        | None            | 5 minutes                         | TB DOTS Nurse                     |
| 3. Submit a medical examination.<br><br>For positive Gene-Xpert result, immediately take the issued medicine and receive direction on the proper administration of the medication. | 3. Conduct medical examination of the patient.<br><br>Upon the order of the Pulmonologist, issue the prescribed medicine to the patient and provide direction on the proper administration of the medication. | None            | 5 minutes – for negative results; | Pulmonologist/<br>Medical Officer |
|                                                                                                                                                                                    |                                                                                                                                                                                                               | None            | 10 minutes – for positive result  | TB DOTS Nurse                     |
| 3.1 Secure the checklist of the requirements for NTP enrollment.                                                                                                                   | 3.1 Issue the checklist of the requirements for NTP Enrollment.                                                                                                                                               | None            | 2 minutes                         | TB DOTS Nurse                     |
|                                                                                                                                                                                    | <b>TOTAL:</b>                                                                                                                                                                                                 | <b>None</b>     | <b>13 minutes</b>                 | - for negative result             |
|                                                                                                                                                                                    |                                                                                                                                                                                                               |                 | <b>18 minutes</b>                 | - for positive result             |



## FOR NTP ENROLLMENT:

Patients residing in Barangays Mayamot, Mambugan, or Cupang may be referred to the NTP DOTS at the Rural Health Unit (RHU) II located at Antipolo City Hall Annex I while patients from Barangays Bagong Nayan, Calawis, Inarawan, San Juan and Sta. Cruz may enroll in the NTP at RHU III–NTP DOTS located at Antipolo City Hall Annex III.

Schedule of NTP Enrollment at Rural Health Units (RHUs):

For Drug Susceptible Tuberculosis patients – Wednesday and Friday (8:00 AM – 12:00 NN)

For Drug Resistant Tuberculosis patients – Monday to Friday (1:00 PM – 5:00 PM)

| CLIENT STEPS                                                                                     | AGENCY ACTION                                                                                                                     | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE          |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|-----------------------------|
| 1. Submit the requirements to CHO TB DOTS (or to the referral RHU) on the day of NTP enrollment. | 1. Receive the requirements and check the validity.                                                                               | None            | 3 minutes         | TB DOTS Nurse               |
| 2. Submit to interview and counseling.                                                           | 2. Conduct interview for Provider-Initiated Counseling and Testing (PICT) of HIV and RBS (Random Blood Sampling), and counseling. | None            | 15 minutes        | TB DOTS Nurse / Trained BHW |
| 3. Submit to blood extraction                                                                    | 3. Conduct blood extraction                                                                                                       | None            | 2 minutes         | Medical Technologist        |
| 4. Get enrolled in the NTP.                                                                      | 4. Assist the client in the NTP enrollment.                                                                                       | None            | 10 minutes        | TB DOTS Nurse / Trained BHW |
| 4.1 Receive the medicines as well as directions on post-medication, if any.                      | 4.1 Issue the medicines for the 6-month treatment and provide direction for post-medication.                                      |                 |                   |                             |
|                                                                                                  | <b>TOTAL:</b>                                                                                                                     | <b>None</b>     | <b>30 minutes</b> |                             |

## 12. SECONDARY CLINICAL LABORATORY SERVICES

The City Health Office (CHO) provides laboratory procedures for outpatients availing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                        | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                                                                                                                                                                                                                                 |                                                      |                    |                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                              | Simple                                                                                                                                                                                                                                                                                                                                                                              |                                                      |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                        | G2C – Government to Citizen                                                                                                                                                                                                                                                                                                                                                         |                                                      |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                               | All                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                     | WHERE TO SECURE                                      |                    |                       |
| 1. Laboratory Request Form<br>2. Government Issued ID<br>3. Official Receipt (if any)                                               |                                                                                                                                                                                                                                                                                                                                                                                     | Requesting Physician<br>Government Agency<br>Cashier |                    |                       |
| CLIENT STEPS                                                                                                                        | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                       | FEES TO<br>BE PAID                                   | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| <b>For Blood Chemistry</b>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                    |                       |
| 1. Proceed to the CHO Laboratory information window and present the laboratory request form and valid ID.                           | 1. Evaluate the submitted laboratory request form as to completeness of data such as name, birthday, age, contact number, diagnosis, requesting physician, hospital number (if outside CHO), and test/s requested <ul style="list-style-type: none"> <li>If request is from other facility, instruct to proceed to 2<sup>nd</sup> floor for PhilHealth YAKAP validation.</li> </ul> | None                                                 | 5 minutes          | Medical Technologist  |
| 1.1 Answer honestly the last time of meal taken                                                                                     | 1.1 Ask the client, last time of meal taken (for those with fasting procedures).                                                                                                                                                                                                                                                                                                    |                                                      |                    |                       |
| 1.2 Obtain information on the laboratory services available in the facility and to be sent out including tests with laboratory fees | 1.2 Inform the client of laboratory services (available in-house and to be sent out, with payment.)                                                                                                                                                                                                                                                                                 |                                                      |                    |                       |
| If eligible for PhilHealth YAKAP, proceed to Client Step No 4.                                                                      | If the client undergone PhilHealth YAKAP, the available in-house laboratory tests are free.                                                                                                                                                                                                                                                                                         |                                                      |                    |                       |
| If not eligible, secure an Order of Payment.                                                                                        | Other laboratory tests that are not available will be sent out, with a laboratory fee.                                                                                                                                                                                                                                                                                              |                                                      |                    |                       |

|                                                                                    |                                                                                                                                                                                                               |                                            |           |                          |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------|--------------------------|
| 1.3 Receive the Order of Payment                                                   | 1.3 Issue an order of payment.<br><br>Include 20% discount for Senior Citizen and PWD for non-residents of Antipolo City<br><br>Advise the client to proceed to the cashier                                   |                                            |           |                          |
| 1.4 Proceed to the cashier                                                         | 1.4 Advise the client to proceed to the cashier                                                                                                                                                               |                                            |           |                          |
| 2. Pay the required fees to the Cashier by showing the Order of Payment            | 2. Accept the payment Based on the Order of Payment                                                                                                                                                           | Please refer to the Schedule of Fees below | 2 minutes | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt.                                                    | 2.1 Issue the Official Receipt.                                                                                                                                                                               | None                                       |           |                          |
| 3. Return to the Laboratory Information Window and give the Official Receipt.      | 3. Get the Official Receipt (OR) and record the OR Number on the request form                                                                                                                                 | None                                       | 1 minute  | Medical Technologist     |
| 3.1 Proceed to the waiting area for the next step.                                 | 3.1 Advise the client to proceed to the waiting area for blood extraction.                                                                                                                                    |                                            |           |                          |
| 4. Once called, proceed to the blood extraction area                               | 4. Verify the correctness of the client's identity as to the laboratory request                                                                                                                               | None                                       | 3 minutes | Medical Technologist     |
| 4.1 Answer honestly the last time of meal taken                                    | 4.1 Check the Official Receipt, if any, and ask the client for the time of last meal taken (for those with fasting procedures)                                                                                |                                            |           |                          |
| 4.2 Submit to blood Extraction                                                     | 4.2 Perform blood extraction for the required test/s                                                                                                                                                          |                                            |           |                          |
| 4.3 Obtain information as to the release date and time of the laboratory result/s. | 4.3 Inform the client of the release date and time of the laboratory result/s.<br><br><u>With fasting procedure:</u><br>Blood extraction from 7:00 AM - 10:00 AM, result/s will be released the following day |                                            |           |                          |

|                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                  |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|--------------------------|
|                                                                                                                                                                                                                                                                                                                                                         | <p><u>No fasting procedure:</u><br/>Blood acceptance and extraction until 7:00 AM - 3:00 PM, result/s will be released the following day</p> <p>For CBC and Blood Typing, results will be released after two (2) hours</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                                                  |                          |
| 5. On the date specified, return to the Laboratory Information Window and present the clients' Official Receipt (if any) and valid ID to claim the laboratory result.                                                                                                                                                                                   | 5. Verify the presented Official Receipt (if any) and valid ID, retrieve the result, log into the release logbook, and give the result to the client                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None                                              | 2 minutes                                                        | Medical Technologist     |
|                                                                                                                                                                                                                                                                                                                                                         | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Please refer to the Schedule of Fees below</b> | <b>1 day and 13 minutes</b><br><br><b>2 hours and 13 minutes</b> | For CBC and Blood Typing |
| <b>For Urine and Stool Specimen Collection:</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                  |                          |
| <p>1. Proceed to the CHO Laboratory information window and present the laboratory request form and valid ID</p> <p>1.2 Obtain information on how to collect specimens and proper labeling of the urine/stool container</p> <p>If eligible for PhilHealth YAKAP, proceed to Client Step No. 3.2.</p> <p>If not eligible, secure an Order of Payment.</p> | <p>1. Evaluate the submitted laboratory request form as to completeness of data such as name, birthday, age, contact number, diagnosis, requesting physician, hospital number (if outside CHO), and test/s requested.</p> <p>1.2 Inform the client:<br/>Urine and/or Stool should be collected within an hour before submission.</p> <ul style="list-style-type: none"> <li>- Urine volume should be at least half of the urine container</li> <li>- Stool should be pea size only in the stool container</li> <li>- Client's full name should be written on the container for proper labeling</li> </ul> <p>If the client has undergone PhilHealth YAKAP the urinalysis and fecalysis are free.</p> | None                                              | 5 minutes                                                        | Medical Technologist     |

|                                                                                                                                                                                                        |                                                                                                                                                                                                                          |                                                           |                               |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------|--------------------------|
| 4.1 Receive the Order of Payment                                                                                                                                                                       | 1.3 Issue the Order of Payment.<br><br>Include a 20% discount for Senior Citizens and PWD for non-residents of Antipolo City.                                                                                            |                                                           |                               |                          |
| 2. Pay the required fees to the Cashier by showing the Order of Payment<br><br>2.1 Secure an Official Receipt                                                                                          | 2. Accept the payment based on the Order of Payment<br><br>2.1 Issue the Official Receipt                                                                                                                                | PHP 60.00 for Urinalysis<br><br>PHP 60.00 for Fecalalysis | 2 minutes                     | Revenue Collection Clerk |
| 3. Return to the Laboratory Information Window and give the Official Receipt<br><br>3.1 Submit the specimen/s<br><br>3.2 Obtain information as to the release date and time of the laboratory result/s | 3. Get the Official Receipt (OR) and record the OR Number on the request form<br><br>3.1 Receive the specimen/s and check the label<br><br>3.2 Inform the client that the result/s will be released after two (2) hours. | None<br><br>None<br><br>None                              | 3 minutes<br><br><br>2 hours  | Medical Technologist     |
| 4. On the date and time specified, return to the Laboratory Information Window, and present the Official Receipt (if any) and valid ID to claim the laboratory result.                                 | 4. Verify the Official Receipt (if any) and valid ID presented, retrieve the result, log into the release logbook, and give the result to the client                                                                     | None                                                      | 2 minutes                     | Medical Technologist     |
|                                                                                                                                                                                                        | <b>TOTAL:</b>                                                                                                                                                                                                            | PHP 60.00 for Urinalysis<br><br>PHP 60.00 for Fecalalysis | <b>2 hours and 12 minutes</b> |                          |

**Schedule of Fees:**

| <b>HEMATOLOGY</b>                                 | <b>FEES</b> |
|---------------------------------------------------|-------------|
| CBC                                               | ₱ 150.00    |
| PLATELET COUNT                                    | ₱ 100.00    |
| CBC WITH PLATELET COUNT                           | ₱ 200.00    |
| BLOOD TYPING                                      | ₱ 200.00    |
| <b>CLINICAL MICROSCOPY</b>                        |             |
| ROUTINE URINALYSIS                                | ₱ 60.00     |
| ROUTINE FECALYSIS                                 | ₱ 60.00     |
| PREGNANCY TEST                                    | ₱ 100.00    |
| <b>CLINICAL CHEMISTRY</b>                         |             |
| FBS                                               | ₱ 120.00    |
| BUN                                               | ₱ 100.00    |
| BUA                                               | ₱ 100.00    |
| TRIGLYCERIDES                                     | ₱ 80.00     |
| CHOLESTEROL                                       | ₱ 100.00    |
| CREATININE                                        | ₱ 100.00    |
| AST/SGOT                                          | ₱ 150.00    |
| ALT/SGPT                                          | ₱ 150.00    |
| LIPID PROFILE (Chole, TAG HDL, LDL, VLDL)         | ₱ 500.00    |
| CHEM 6 (FBS, BUN, CREA, BUA, CHOLE, TAG)          | ₱ 500.00    |
| CHEM 8 (FBS, BUN, CREA, BUA, LIPID PROFILE)       | ₱ 920.00    |
| CHEM 8 (FBS, BUN, CREA, BUA, LIPID PROFILE, OTPT) | ₱ 1,220.00  |



# **City Mall of Antipolo**

## **External Services**



## 1. APPLICATION FOR LEASE OF VACANT STALLS / BOOTHS

The Administration Office of the City Mall of Antipolo (CMA) posts official notices on the CMA bulletin board to inform the public regarding the availability of vacant stalls. Interested parties, whether natural or juridical persons, preferably Filipino citizens, and residents of Antipolo City, may visit the CMA Administration Office or send inquiries to [citymallofantipolo@gmail.com](mailto:citymallofantipolo@gmail.com) for information regarding vacant stalls. The adjudication of vacant stalls to qualified applicants is scheduled to occur within sixty (60) days from the posting date to attract more applicants.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO – Administrative and Leasing Sections                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Highly technical                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Antipolo residents; entrepreneurs and local enterprises;<br>government offices                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                    |
| 1. Duly accomplished and notarized application form with Applicant's Background Check Report form<br>2. 2x2 ID picture with white background – 1 copy<br>3. Community Tax Certificate (Cedula) – show original, submit 1 photocopy<br>4. Barangay Clearance – Original copy<br>5. Police Clearance – show original, submit 1 photocopy<br>6. Voter's ID/Certification/Registration stub – show original, submit 1 photocopy<br>7. Valid ID card – show original, submit 1 photocopy<br><br>8. Proof of Billing -show original, submit 1 photocopy<br><br>9. Authorization to use the proof of billing, if applicable<br>10. Special Power of Attorney, or Authorization Letter for the applicant's representative – Original copy |                                                                                                                                      | - CMA Administration Office, Notary Public<br><br>- Applicant<br>- Office of the City Treasurer, Barangay Hall, or City Hall Annex III<br>- Barangay Hall<br>- Antipolo Component City Police Station, or Philippine National Police<br>- COMELEC Antipolo City<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br>- Meralco, Manila Water, Telephone/Cable company, etc.<br>- Owner of the proof of billing<br><br>- Applicant (partnership or corporation) |                           |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AGENCY ACTION                                                                                                                        | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PROCESSING TIME           | PERSON RESPONSIBLE |
| <b>Within the first 15-30 days:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                    |
| 1. Submit the requirements to the CMA Administration Office, or send them by email to <a href="mailto:citymallofantipolo@gmail.com">citymallofantipolo@gmail.com</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. Check the requirements. If valid and complete, acknowledge receipt of the application setting forth the time and date of receipt. | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 minutes                | Leasing Personnel  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | For requirements received via email, acknowledge the same by stating the initial assessment of the                                   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Within the day of receipt | Leasing Personnel  |



|                                                                                                                                                                   |                                                                                                                                         |                                           |            |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------|-----------------------------------------|
| 1.1 Secure an Order of Payment.                                                                                                                                   | application and its requirements.<br><br>1.1 Issue the Order of Payment.                                                                | None                                      | 3 minutes  | Leasing Personnel                       |
| 2. Pay the required fees by presenting the Order of Payment at the Payment Window.                                                                                | 2. Accept the payment based on the Order of Payment.                                                                                    | Application fee – PHP 200.00              | 3 minutes  | Revenue Collection Clerk                |
| 2.1 Secure your Official Receipt.                                                                                                                                 | 2.1 Issue the Official Receipt.                                                                                                         | None                                      | 2 minutes  | Revenue Collection Clerk                |
| 3. Present the Official Receipt (OR) to the Leasing Personnel, submit a photocopy of the OR, and obtain contact information for follow-ups.                       | 3. Check the OR, receive the photocopy, and provide contact information and reminders to the applicant.                                 | None                                      | 5 minutes  | Leasing Personnel                       |
| 4. Gather details about the schedule for the Applicant's Background Check (ABC).                                                                                  | 4. Notify the applicant about the scheduled date and time of the ABC activity.                                                          | None                                      | 5 minutes  | Leasing / Administrative Personnel      |
| 4.1 Actively cooperate during the ABC process.                                                                                                                    | 4.1 Carry out the ABC.                                                                                                                  | None                                      | 1 day      | Leasing / Administrative Personnel      |
| 4.2 If deemed qualified, ask about the schedule for stall adjudication.                                                                                           | 4.2 Inform the applicant of the schedule of the adjudication of stalls.                                                                 | None                                      | 5 minutes  | Leasing / Administrative Personnel      |
| <b>Within the next 15-30 days:</b>                                                                                                                                |                                                                                                                                         |                                           |            |                                         |
| 5. Attend the adjudication of vacant stalls.                                                                                                                      | 5. Conduct the adjudication of vacant stalls.                                                                                           | None                                      | 1 day      | Market Committee / Market Administrator |
| 5.1 For awardees of stalls, secure your Notice of Award, Contract of Lease, Order of Payment for the advance rental fee and CUSA, etc., and Authority to Move In. | 5.1 Issue the Notice of Award, Contract of Lease, Order of Payment for the advance rental fee and CUSA, etc., and Authority to Move In. | None                                      | 1 hour     | Market Committee / Market Administrator |
| 5.2 Secure a Work Order, if necessary.                                                                                                                            | 5.2 Issue the Work Order for construction or renovation.                                                                                | None                                      | 40 minutes | Market Committee / Market Administrator |
| 6. Pay the required fees by presenting the Order of Payment at the Payment Window.                                                                                | 6. Accept the payment based on the Order of Payment.                                                                                    | Pls. refer to the Fees and Charges below. | 3 minutes  | Revenue Collection Clerk                |

|                                   |                                 |                                                  |                     |                          |
|-----------------------------------|---------------------------------|--------------------------------------------------|---------------------|--------------------------|
| 6.1 Secure your Official Receipt. | 6.1 Issue the Official Receipt. | None                                             | 2 minutes           | Revenue Collection Clerk |
|                                   | <b>TOTAL:</b>                   | <b>Pls. refer to the Fees and Charges below.</b> | <b>30 - 60 days</b> |                          |

**MARKET FEES AND CHARGES**  
(City Ordinance No. 2019-927)

On fixed stalls constructed by the City Government, per square meter or fraction thereof, per month:

| MARKET SECTION                             | STALL RENTAL / FEE |
|--------------------------------------------|--------------------|
| Dry Goods                                  | PHP 250.00         |
| Groceries                                  | PHP 390.00         |
| Vegetables and Fruits                      | PHP 360.00         |
| Eatery/Food Court                          | PHP 250.00         |
| Flower Shop                                | PHP 150.00         |
| Cold Cuts                                  | PHP 770.00         |
| Fish                                       | PHP 1,000.00       |
| Meat / Chicken                             | PHP 1,000.00       |
| Rice, Corn, Cereal, Animal Feed Section    | PHP 350.00         |
| Front Commercial Stall 1st Floor           | PHP 500.00         |
| Front Commercial Stall 2nd Floor           | PHP 500.00         |
| Front Commercial Stall 3rd Floor           | PHP 300.00         |
| Anchors 1st and 2nd Floors (if applicable) | PHP 200.00         |
| Anchors 3rd Floor (if applicable)          | PHP 150.00         |
|                                            |                    |
| Contract to Lease Fee – New                | PHP 300.00         |
| Contract to Lease Fee – Renewal            | PHP 200.00         |

**Note:** Increase in fees shall be made after five (5) years from the date of City Ordinance No. 2012-509 (September 10, 2012), and every 5 years thereafter, subject to a public hearing.

## 2. CONSUMER COMPLAINT ASSISTANCE AND MEDIATION SERVICE

Under Republic Act No. 7394, otherwise known as the *Consumer Act of the Philippines*, the City Mall of Antipolo (CMA) affirms its responsibility to safeguard consumer rights, promote general welfare, and uphold standards of fair business practices within its premises.

The Consumer Welfare Desk (CWD) of CMA ensures a fair, timely, and professional response to complaints involving violations of R.A. 7394 and other trade and industry laws. Beyond complaint resolution, the CWD also addresses related consumer concerns, providing a comprehensive and people-centered approach to protection, satisfaction, and trust in market transactions.

### For Simple Complaint:

|                                                                                          |                                                                                  |                                                                         |                        |                           |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                             | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Consumer Welfare Desk |                                                                         |                        |                           |
| <b>CLASSIFICATION:</b>                                                                   | Simple                                                                           |                                                                         |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                             | G2C – Government to Citizen;<br>G2B – Government to Business                     |                                                                         |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                    | Consumer and entrepreneur clients of CMA                                         |                                                                         |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                         |                                                                                  | <b>WHERE TO SECURE</b>                                                  |                        |                           |
| 1. Any government-issued ID card – show the original and submit 1 photocopy if necessary |                                                                                  | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN) |                        |                           |
| <b>CLIENT STEPS</b>                                                                      | <b>AGENCY ACTION</b>                                                             | <b>FEES TO BE PAID</b>                                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit a complaint to the CMA – Consumer Welfare Desk.                                | 1. Record the client's complaint.                                                | None                                                                    | 5 minutes              | CWD Staff                 |
| 1.1 Provide details of the complaint and supporting evidence, if needed.                 | 1.1 Conduct the initial meeting of the involved parties.                         | None                                                                    | 10-20 minutes          | CWD Staff                 |
| 2. Communicate your desired agreement to both the CWD staff and the other party.         | 2. Conduct mediation to come up with an agreement between the parties.           | None                                                                    | 10 minutes             | CWD Staff                 |
| 2.1 Request a copy of the agreement, if needed.                                          | 2.1 Provide a copy of the agreement as requested.                                | None                                                                    | 5 minutes              | CWD Staff                 |
| <b>TOTAL:</b>                                                                            |                                                                                  | <b>None</b>                                                             | <b>40 minutes</b>      |                           |

**For Complex Complaint:**

|                                                                                                   |                                                                                                                                                   |                                                                         |                           |                                                           |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                      | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Consumer Welfare Desk,<br>Administrative Section                                       |                                                                         |                           |                                                           |
| <b>CLASSIFICATION:</b>                                                                            | Complex                                                                                                                                           |                                                                         |                           |                                                           |
| <b>TYPES OF TRANSACTION:</b>                                                                      | G2C – Government to Citizen;<br>G2B – Government to Business                                                                                      |                                                                         |                           |                                                           |
| <b>WHO MAY AVAIL:</b>                                                                             | Consumer and entrepreneur clients of CMA                                                                                                          |                                                                         |                           |                                                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                  |                                                                                                                                                   | <b>WHERE TO SECURE</b>                                                  |                           |                                                           |
| 1. Any government-issued ID card – show the original and submit 1 photocopy if necessary          |                                                                                                                                                   | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN) |                           |                                                           |
| <b>CLIENT STEPS</b>                                                                               | <b>AGENCY ACTION</b>                                                                                                                              | <b>FEES TO BE PAID</b>                                                  | <b>PROCESSING TIME</b>    | <b>PERSON RESPONSIBLE</b>                                 |
| 1. Submit a complaint to the CMA – Consumer Welfare Desk.                                         | 1. Record the client's complaint.                                                                                                                 | None                                                                    | 5 minutes                 | CWD Staff                                                 |
| 1.1 Provide details of the complaint and supporting evidence, if needed.                          | 1.1 Conduct the initial meeting of the involved parties.                                                                                          | None                                                                    | 10-20 minutes             | CWD Staff                                                 |
| 2. Communicate your desired agreement to both the CWD staff and the other party.                  | 2. Conduct mediation to come up with an agreement between the parties.                                                                            | None                                                                    | 10 minutes                | CWD Staff                                                 |
| 2.1 Provide your contact information for feedback purposes.                                       | 2.1 For unresolved cases, escalate the complaint to the Market Administrator for their review and guidance.                                       | None                                                                    | 5 minutes                 | CWD Staff                                                 |
| 3. Work collaboratively with market authorities to seek a potential resolution for the complaint. | 3. Take necessary steps, such as conducting an investigation or arranging an additional meeting, to work towards resolving the issue effectively. | None                                                                    | 7 days                    | CWD Staff<br>Administrative Staff<br>Market Administrator |
| <b>TOTAL:</b>                                                                                     |                                                                                                                                                   | <b>None</b>                                                             | <b>7 days, 40 minutes</b> |                                                           |

### 3. ISSUANCE OF ADVERTISEMENT PERMIT

The City Mall of Antipolo (CMA) allows businesses and commercial establishments to place advertisement materials such as streamers, banners, tarpaulins, etc., within the public market and its zone premises to carry out promotional activities for their products and services. This initiative provides several benefits for the applicants, including increased visibility and brand recognition, enhanced customer engagement, and greater sales potential. By facilitating these promotional activities, CMA supports the growth and success of local businesses and contributes to a vibrant and dynamic marketplace.

|                                                                                                                                                                                                                                    |                                                                                   |                                                                                                                                                                                                                                           |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                       | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Administrative Section |                                                                                                                                                                                                                                           |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                             | Simple                                                                            |                                                                                                                                                                                                                                           |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                   | G2B – Government to Business                                                      |                                                                                                                                                                                                                                           |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                              | CMA stallholders; local entrepreneurs; business enterprises                       |                                                                                                                                                                                                                                           |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                   |                                                                                   | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                    |                            |                               |
| 1. Letter of Intent – Original copy<br>2. Advertisement layout design – in colored copy<br>3. Updated Business Permit – 1 photocopy<br>4. DTI/SEC Registration – 1 photocopy<br><br>5. Any government-issued ID card – 1 photocopy |                                                                                   | - Applicant<br>- Applicant<br>- Business Permits & Licensing Office<br>- Department of Trade and Industry (DTI) /<br>Security and Exchange Commission (SEC)<br>- BIR, Post Office, DFA, SSS, GSIS, LTO,<br>Pag-IBIG, or PSA (Phil ID/PSN) |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                | <b>AGENCY ACTION</b>                                                              | <b>FEES TO BE<br/>PAID</b>                                                                                                                                                                                                                | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the CMA Administration Office.                                                                                                                                                                       | 1. Receive the requirements.                                                      | None                                                                                                                                                                                                                                      | 1 minute                   | Administrative Staff          |
| 1.1 None                                                                                                                                                                                                                           | 1.1 Review the request and assess the layout design.                              | None                                                                                                                                                                                                                                      | 5 minutes                  | Administrative Staff          |
| 1.2 None                                                                                                                                                                                                                           | 1.2 Submit them to the Market Administrator for approval.                         | None                                                                                                                                                                                                                                      | 1 minute                   | Market Administrator          |
| 1.3 Collect the layout design with suggested revisions.                                                                                                                                                                            | 1.3 Send the layout design back to the client if revisions are needed.            | None                                                                                                                                                                                                                                      | 1 minute                   | Administrative Staff          |
| 1.4 Secure an Order of Payment.                                                                                                                                                                                                    | 1.3 Issue the Order of Payment.                                                   | None                                                                                                                                                                                                                                      | 2 minutes                  | Administrative Staff          |
| 3. Pay the required fees by presenting the Order of Payment at the Payment Window.                                                                                                                                                 | 3. Accept the payment based on the Order of Payment.                              | Pls. refer to the Advertisement Fees below.                                                                                                                                                                                               | 3 minutes                  | Revenue Collection Clerk      |

|                                                                                                     |                                                                                                                                |                                                    |                   |                          |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|--------------------------|
| 3.1 Secure your Official Receipt.                                                                   | 3.1 Issue the Official Receipt.                                                                                                | None                                               | 2 minutes         | Revenue Collection Clerk |
| 4. Submit a photocopy of the Official Receipt (OR) for the issuance of the Advertisement Permit.    | 4. Receive the photocopy of the OR, prepare the Advertisement Permit, and endorse it to the Market Administrator for approval. | None                                               | 10 minutes        | Administrative Staff     |
| 4.1 None                                                                                            | 4.1 Sign the Advertisement Permit.                                                                                             | None                                               | 2 minutes         | Market Administrator     |
| 4.2 Sign the acknowledgement on the CMA's copy of the Advertisement Permit, then secure the permit. | 4.2 Issue the client's copy of the approved Advertisement Permit.                                                              | None                                               | 3 minutes         | Administrative Staff     |
|                                                                                                     | <b>TOTAL:</b>                                                                                                                  | <b>Pls. refer to the Advertisement Fees below.</b> | <b>30 minutes</b> |                          |

**Note:** For installing advertisement materials, please refer to Service Item No. 8. Issuance of Work Order.

### Advertisement Fees

|                                                      |                        |
|------------------------------------------------------|------------------------|
| Conventional (streamer, banner, tarpaulin)           |                        |
| > 2.5 square meters                                  | PHP 500.00 per month   |
| < 2.5 square meters                                  | PHP 200.00 per month   |
| Electronic (animated ads, neon, changeable copy ads) |                        |
| > 2.5 square meters                                  | PHP 500.00 per month   |
| < 2.5 square meters                                  | PHP 200.00 per month   |
| Signage                                              |                        |
| Signage (per square foot)                            | PHP 150.00 per month   |
| Signage (per square meter)                           | PHP 1,623.00 per month |
| Streamers                                            |                        |
| Streamers (per square foot)                          | PHP 50.00 per month    |
| Streamers (per square meter)                         | PHP 541.00 per month   |

## 4. ISSUANCE OF CERTIFICATION TO STALLHOLDERS FOR BUSINESS PERMIT AND SIMILAR PURPOSES

Upon request, the Billing Section of the City Mall of Antipolo (CMA) Administration Office issues a certification confirming that a stallholder has settled all accountabilities, including rent, CUSA, electricity, and water charges for their stalls. This certification serves as official proof that a stallholder has fully settled all accountabilities. It may be used for business permit renewal, business retirement, and other transactions requiring financial clearance.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                   | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Billing Section |                                                                                   |                 |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                         | Simple                                                                     |                                                                                   |                 |                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                   | G2B – Government to Business;<br>G2G – Government to Government            |                                                                                   |                 |                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                          | Stallholders of regular and temporary stalls at CMA                        |                                                                                   |                 |                             |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                      |                                                                            | WHERE TO SECURE                                                                   |                 |                             |
| 1. Official Receipts of updated payment of rent, CUSA, electric, and water bills – 1 photocopy each<br>2. Valid Contract of Lease<br>Previous year's Unified Application Form for the renewal of Business Permit – 1 photocopy |                                                                            | - CMA Billing Section<br><br>- Stallholder / CMA Leasing Section<br>- Stallholder |                 |                             |
| CLIENT STEPS                                                                                                                                                                                                                   | AGENCY ACTION                                                              | FEES TO BE PAID                                                                   | PROCESSING TIME | PERSON RESPONSIBLE          |
| 1. Submit the requirements to the CMA Administration Office.                                                                                                                                                                   | 1. Receive the requirements and check the client's payment record on file. | None                                                                              | 5 minutes       | Leasing / Billing Personnel |
| 1.1 Secure an Order of Payment.                                                                                                                                                                                                | 1.1 Issue the Order of Payment.                                            | None                                                                              | 1 minute        | Leasing / Billing Personnel |
| 2. Pay the required fees by presenting the Order of Payment at the Payment Window.                                                                                                                                             | 2. Accept the payment based on the Order of Payment.                       | Certification Fee – PHP 100.00                                                    | 3 minutes       | Revenue Collection Clerk    |
| 2.1 Secure your Official Receipt.                                                                                                                                                                                              | 2.1 Issue the Official Receipt.                                            | None                                                                              | 2 minutes       | Revenue Collection Clerk    |
| 3. Present the Official Receipt (OR) and submit 1 photocopy to the Leasing Personnel for the issuance of certification.                                                                                                        | 3. Obtain the OR number and proceed with preparing the certification.      | None                                                                              | 5 minutes       | Leasing / Billing Personnel |
| 3.1 None                                                                                                                                                                                                                       | 3.1 Sign the Certification.                                                | None                                                                              | 1 minute        | Market Administrator        |
|                                                                                                                                                                                                                                |                                                                            | None                                                                              | 2 days          |                             |

|                                                                                                    |                                                                                                                 |                                               |                               |                                                  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------|--------------------------------------------------|
| 3.2 None                                                                                           | 3.2 Endorse the certification to the City Treasurer for signing.                                                |                                               |                               | CMA<br>Administrative<br>Staff<br>City Treasurer |
| 4. Sign the acknowledgement on the CMA's copy of the certification, then secure the Certification. | 4. Issue the client's copy of the certification duly signed by the Market Administrator and the City Treasurer. | None                                          | 3 minutes                     | Leasing / Billing<br>Personnel                   |
|                                                                                                    | <b>TOTAL:</b>                                                                                                   | <b>Certification<br/>fee – PHP<br/>100.00</b> | <b>2 days,<br/>20 minutes</b> |                                                  |



## 5. ISSUANCE OF ORDER OF PAYMENT FOR DELINQUENT ACCOUNTS

Tenants and market vendors with outstanding balances in their accounts are required to secure an Order of Payment before making any payment. This requirement applies beginning on the working day immediately following the due date:

15th of the month for tenants under a 5-year contract  
10th of the month for tenants under a 1-year contract

The Order of Payment specifies the exact amount due, ensuring that tenant accounts remain current. It also serves as the official and accurate basis for the Revenue Collection Clerk in receiving payments, thereby upholding transparency, accountability, and proper documentation in revenue collection.

|                                  |                                                                              |                            |                            |                               |
|----------------------------------|------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Billing Section   |                            |                            |                               |
| <b>CLASSIFICATION:</b>           | Simple                                                                       |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2B – Government to Business;<br>G2C – Government to Citizen                 |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>            | Stallholders of regular and temporary stalls at CMA with delinquent accounts |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b> |                                                                              | <b>WHERE TO SECURE</b>     |                            |                               |
| 1. Tenant's Account Ledger       |                                                                              | - CMA Billing Section      |                            |                               |
| <b>CLIENT STEPS</b>              | <b>AGENCY ACTION</b>                                                         | <b>FEES TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure an Order of Payment.   | 1. Issue the Order of Payment.                                               | None                       | 3 minutes                  | Billing Personnel             |
|                                  | <b>TOTAL:</b>                                                                | None                       | 3 minutes                  |                               |

### FOR PAYMENT:

|                                                                                    |                                                      |                                                                             |                  |                          |
|------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------|------------------|--------------------------|
| 1. Pay the required fees by presenting the Order of Payment at the Payment Window. | 1. Accept the payment based on the Order of Payment. | The amount payable shall be determined based on the Tenant's Account Ledger | 3 minutes        | Revenue Collection Clerk |
| 1.1 Secure your Official Receipt.                                                  | 1.1 Issue the Official Receipt.                      |                                                                             | 2 minutes        | Revenue Collection Clerk |
|                                                                                    | <b>TOTAL:</b>                                        | The amount payable shall be determined based on the Tenant's Account Ledger | <b>5 minutes</b> |                          |

## 6. ISSUANCE OF SALES PROMO PERMIT

The City Mall of Antipolo (CMA) Administration Office offers a dedicated sales promotion area in addition to its regular and temporary stalls. This space is designed to support CMA stallholders and local entrepreneurs by providing them with an opportunity to showcase and promote their goods and services. The promotion area is available for various marketing activities, such as product launches, special promotions, and seasonal sales events.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                          | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Leasing Section      |                                                                                                                                                                                                                                                                                                        |                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                | Simple                                                                          |                                                                                                                                                                                                                                                                                                        |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                          | G2B – Government to Business                                                    |                                                                                                                                                                                                                                                                                                        |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                 | CMA stallholders and local entrepreneurs                                        |                                                                                                                                                                                                                                                                                                        |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                        |                 |                          |
| 1. Letter of Intent – Original copy<br>2. Business Permit for the current year – 1 photocopy<br>3. DTI/SEC Registration – 1 photocopy<br><br>4. DTI Permit to Promote – 1 photocopy<br>5. Sanitary Permit (for food products) – show original and submit 1 photocopy<br>6. FDA Certificate (for food and drugs) – show original and submit 1 photocopy<br>7. Any government-issued ID card – Original and 1 photocopy |                                                                                 | - Applicant<br>- Business Permits & Licensing Office<br>- Department of Trade and Industry (DTI) / Security and Exchange Commission (SEC)<br>- DTI<br>- Local Health Office<br><br>- Food and Drug Administration (FDA)<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN) |                 |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                          | AGENCY ACTION                                                                   | FEES TO BE PAID                                                                                                                                                                                                                                                                                        | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the Letter of Intent to the CMA Administration Office.                                                                                                                                                                                                                                                                                                                                                      | 1. Receive the letter and check the request.                                    | None                                                                                                                                                                                                                                                                                                   | 5 minutes       | Leasing Personnel        |
| 1.1 If the request is possible, submit the other requirements.                                                                                                                                                                                                                                                                                                                                                        | 1.1 Receive the other requirements and check their completeness and validity.   | None                                                                                                                                                                                                                                                                                                   | 3 minutes       | Leasing Personnel        |
| 2. Secure an Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                        | 2. Issue the Order of Payment.                                                  | None                                                                                                                                                                                                                                                                                                   | 2 minutes       | Leasing Personnel        |
| 2. Pay the required fees by presenting the Order of Payment at the Payment Window.                                                                                                                                                                                                                                                                                                                                    | 2. Accept the payment based on the Order of Payment.                            | Permit Fee – PHP 500.00 per day                                                                                                                                                                                                                                                                        | 3 minutes       | Revenue Collection Clerk |
| 2.1 Secure your Official Receipt.                                                                                                                                                                                                                                                                                                                                                                                     | 2.1 Issue the Official Receipt.                                                 | None                                                                                                                                                                                                                                                                                                   | 2 minutes       | Revenue Collection Clerk |
| 3. Submit a photocopy of the Official Receipt (OR) for the                                                                                                                                                                                                                                                                                                                                                            | 3. Receive the photocopy of the OR, prepare the Sales Promo Permit, and endorse | None                                                                                                                                                                                                                                                                                                   | 10 minutes      | Leasing Personnel        |

|                                                                                                   |                                                                 |                                        |                   |                      |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|-------------------|----------------------|
| issuance of the Sales Promo Permit.                                                               | it to the Market Administrator for approval.                    |                                        |                   |                      |
| 3.1 None                                                                                          | 3.1 Sign the Sales Promo Permit.                                | None                                   | 2 minutes         | Market Administrator |
| 3.2 Sign the acknowledgement on the CMA's copy of the Sales Promo Permit, then secure the permit. | 3.2 Issue the client's copy of the approved Sales Promo Permit. | None                                   | 3 minutes         | Leasing Personnel    |
|                                                                                                   | <b>TOTAL:</b>                                                   | <b>Permit Fee – PHP 500.00 per day</b> | <b>30 minutes</b> |                      |

## 7. ISSUANCE OF TEMPORARY VENDING PERMIT

Peddlers and hawkers are permitted to sell merchandise exclusively at the temporary vending area designated by the CMA Administration Office. This complies with Section 58 (2) of City Ordinance No. 2019-509, also known as the Revised Market Code of the City of Antipolo.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                     | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Leasing Section                                 |                                                                                                                                                                                                                                                                        |                 |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                     |                                                                                                                                                                                                                                                                        |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                |                                                                                                                                                                                                                                                                        |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                            | Peddlers and hawkers who are residents of Antipolo City                                                    |                                                                                                                                                                                                                                                                        |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                                                        |                 |                    |
| 1. Duly accomplished application form<br>2. Proof of billing, if renting:<br>- Endorsement letter from the lessor/property owner – Original copy<br>- Contract of Lease – Original and 1 photocopy<br>3. Police Clearance – Original copy<br>4. Voter's ID / Registration stub / COMELEC Certification – Original and 1 photocopy<br>5. Any government-issued ID card – Original and 1 photocopy<br>6. ID picture 2"x2" – 1 copy |                                                                                                            | - CMA Administration Office<br><br>- Landlord of the applicant<br><br>- Landlord of the applicant<br>- Antipolo Component City Police Station<br>- COMELEC Antipolo City<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID/PSN)<br>- Applicant |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                                                                                                                                                                        | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the requirements to the CMA Admin. Office.                                                                                                                                                                                                                                                                                                                                                                             | 1. Receive the requirements and check their validity.                                                      | None                                                                                                                                                                                                                                                                   | 5 minutes       | Leasing Personnel  |
| 1.1 Obtain the CMA's contact information for follow-up purposes.                                                                                                                                                                                                                                                                                                                                                                 | 1.1 Provide contact information to the client.                                                             | None                                                                                                                                                                                                                                                                   | 1 minute        | Leasing Personnel  |
| 2. None                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. Check the availability of the temporary vending area and provide recommendations.                       | None                                                                                                                                                                                                                                                                   | 1 day           | Leasing Personnel  |
| 2.1 Respond to calls or text messages regarding the status of your application.                                                                                                                                                                                                                                                                                                                                                  | 2.1 Notify the client through calls or text messages about the status of their application.                | None                                                                                                                                                                                                                                                                   | 5 minutes       | Leasing Personnel  |
| 2.2 None                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.2 Endorse the application with the recommendation to the Market Administrator for approval/ disapproval. | None                                                                                                                                                                                                                                                                   | 1 day           | Leasing Personnel  |

|                                                                                                                                            |                                                                        |                                                   |                           |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------|---------------------------|--------------------------|
| 2.3 Follow-up on the status of your application.                                                                                           | 2.3 Update the client regarding their application.                     | None                                              | 5 minutes                 | Market Administrator     |
| 3. For denied applications, visit the CMA Administration Office to collect your requirements and receive the formal notice of disapproval. | 3. Return the requirements and issue the formal notice of disapproval. | None                                              | 3 minutes                 | Leasing Personnel        |
| For an approved application, secure your Order of Payment.                                                                                 | Issue the Order of Payment.                                            | None                                              | 1 minute                  | Leasing Personnel        |
| 4. Pay the required fees by presenting the Order of Payment at the Payment Window.                                                         | 4. Accept the payment based on the Order of Payment.                   | Permit fee – PHP 50.00 per set/sack/basket        | 3 minutes                 | Revenue Collection Clerk |
| 4.1 Secure your Official Receipt.                                                                                                          | 4.1 Issue the Official Receipt.                                        | None                                              | 2 minutes                 | Revenue Collection Clerk |
| 5. Present the Official Receipt (OR) to the Leasing Personnel.                                                                             | 5. Get the OR number.                                                  | None                                              | 1 minute                  | Leasing Personnel        |
| 5.1 Actively focus and stay engaged during the orientation.                                                                                | 5.1 Orient the applicant on market policies, rules, and regulations.   | None                                              | 4 minutes                 | Leasing Personnel        |
|                                                                                                                                            | <b>TOTAL:</b>                                                          | <b>Permit fee – PHP 50.00 per set/sack/basket</b> | <b>2 days, 30 minutes</b> |                          |

## 8. ISSUANCE OF WORK ORDER

For the removal, construction, or alteration of the original structure of any booth or booths, as well as any modifications to electrical wiring or water connections, the stallholder must obtain the necessary permits before commencing any construction or renovation. These permits may consist of a Work Order issued by the Market Administrator of the City Mall of Antipolo (CMA) or a Building Permit granted by the designated Building Official. The Maintenance Section of the CMA also issues Work Orders to carry out various installation and dismantling jobs upon request for the CMA's assistance.

|                                                                                                                                                     |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                        | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO<br>Administrative and Maintenance Sections |
| <b>CLASSIFICATION:</b>                                                                                                                              | Simple                                                                                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                        | G2B – Government to Business;<br>G2G – Government to Government                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                               | Stallholders of permanent and temporary stalls at CMA                                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                    | <b>WHERE TO SECURE</b>                                                                              |
| 1. Duly accomplished Work Order Form<br>2. Authorization for the Entry of Materials Form<br>3. Design/Layout Plan of the Proposed Stall Improvement | - CMA Administrative Section<br>- CMA Administrative Section<br>- Client                            |

| CLIENT STEPS                                                                       | AGENCY ACTION                                                                                          | FEES TO BE PAID                                        | PROCESSING TIME   | PERSON RESPONSIBLE       |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------------|
| 1. Submit the requirements to the CMA Administration Office.                       | 1. Receive the requirement and verify the nature and scope of work.                                    | None                                                   | 3 minutes         | Administrative Staff     |
| 2. Cooperate during the inspection.                                                | 2. Inspect the stall based on the Work Order, if needed, and prepare the Inspection Report.            | None                                                   | 25 minutes        | Maintenance Personnel    |
| 2.1 Secure an Order of Payment.                                                    | 2.1 Issue the Order of Payment.                                                                        | None                                                   | 2 minutes         | Administrative Staff     |
| 3. Pay the required fees by presenting the Order of Payment at the Payment Window. | 3. Accept the payment based on the Order of Payment.                                                   | Permit Fee to Construct / Renovate – PHP 200.00        | 3 minutes         | Revenue Collection Clerk |
| 3.1 Secure your Official Receipt.                                                  | 3.1 Issue the Official Receipt.                                                                        | None                                                   | 2 minutes         | Revenue Collection Clerk |
| 4. Present the Official Receipt (OR) to the Maintenance Personnel.                 | 4. Write the OR number on the Work Order Form and endorse it to the Market Administrator for approval. | None                                                   | 2 minutes         | Administrative Staff     |
| 4.1 None                                                                           | 4.1 Sign the Work Order.                                                                               | None                                                   | 1 minute          | Market Administrator     |
| 4.2 Secure the approved Work Order.                                                | 4.2 Issue the approved Work Order.                                                                     | None                                                   | 2 minutes         | Administrative Staff     |
|                                                                                    | <b>TOTAL:</b>                                                                                          | <b>Permit Fee to Construct / Renovate – PHP 200.00</b> | <b>40 minutes</b> |                          |

## 9. RENEWAL OF CONTRACT OF LEASE OF MARKET STALLS

Under City Ordinance No. 2024-1116, the duration of lease of a market stall in government-owned public markets shall be for a period of ONE (1) YEAR, renewable upon its expiration, unless sooner revoked through mutual agreement of both parties, or unilaterally:

By the LESSEE - If he decides to discontinue the operation of his business and voluntarily surrenders and vacates the subject stall upon prior notice to the LESSOR.

By the LESSOR - If the LESSEE violates any of the terms stipulated in the Contract of Lease or violates city ordinances, rules, and regulations, on the operation of business in this city's public market.

Upon the expiration of the Contract of Lease (COL), the lessee in CMA shall submit to the City Government a written request for the renewal of the COL at least sixty (60) days before the lease term expires.

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                                                                                                         |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                       | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO – Administrative and Leasing Sections |                                                                                                                                                                                         |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                             | Simple                                                                                         |                                                                                                                                                                                         |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                       | G2B – Government to Business                                                                   |                                                                                                                                                                                         |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                              | Stallholders of permanent stalls at CMA                                                        |                                                                                                                                                                                         |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | <b>WHERE TO SECURE</b>                                                                                                                                                                  |                        |                           |
| 1. Duly accomplished Request for Renewal of Contract of Lease of Market Stall – Original copy<br>2. Previous Contract of Lease – 1 photocopy<br>3. Official Receipt of updated payment of rent, CUSA, and electric/water bills – 1 photocopy each<br>4. Updated Business Permit – 1 photocopy<br>5. Any government-issued ID card – 1 photocopy with three (3) specimen signatures |                                                                                                | - CMA Leasing Section<br><br>- CMA Administration Office<br>- City Treasurer's Office<br><br>- BPLO<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                | <b>AGENCY ACTION</b>                                                                           | <b>FEES TO BE PAID</b>                                                                                                                                                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements to the CMA Administration Office.                                                                                                                                                                                                                                                                                                                       | 1. Receive the requirements and check their validity.                                          | None                                                                                                                                                                                    | 4 minutes              | Leasing Personnel         |
| 1.1 Secure an Order of Payment.                                                                                                                                                                                                                                                                                                                                                    | 1.1 Issue the Order of Payment.                                                                | None                                                                                                                                                                                    | 1 minute               | Leasing Personnel         |
| 2. Pay the required fees by presenting the Order of Payment at the Payment Window.                                                                                                                                                                                                                                                                                                 | 2. Accept the payment based on the Order of Payment.                                           | Renewal fee – PHP 200.00                                                                                                                                                                | 3 minutes              | Revenue Collection Clerk  |
| 2.1 Secure your Official Receipt.                                                                                                                                                                                                                                                                                                                                                  | 2.1 Issue the Official Receipt.                                                                | None                                                                                                                                                                                    | 2 minutes              | Revenue Collection Clerk  |
| 3. Present the Official Receipt to the Leasing Personnel for processing of the contract renewal.                                                                                                                                                                                                                                                                                   | 3. Check the Official Receipt and prepare the Contract of Lease.                               | None                                                                                                                                                                                    | 20 minutes             | Leasing Personnel         |

|                                                                                               |                                                                                          |                                 |                           |                                                                               |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------|---------------------------|-------------------------------------------------------------------------------|
| 3.1 None                                                                                      | 3.1 Review the contract.                                                                 | None                            | 10 minutes                | Administrative Staff                                                          |
| 3.2 Read, and sign the contract, if in order.                                                 | 3.2 Give the contract to the client for their perusal and signature.                     | None                            | 5 minutes                 | Leasing Personnel                                                             |
| 3.3 None                                                                                      | 3.3 Endorse the COL to the Chairperson of the Market Committee for approval and signing. | None                            | 2 days                    | CMA Administrative Staff<br>Chairperson of the Market Committee<br>City Mayor |
| 4. Return to the CMA Administration Office for the approved contract.                         | 4. Notify the client about the availability of the duly signed and notarized contract.   | None                            | 3 minutes                 | Leasing Personnel                                                             |
| 4.1 After signing the acknowledgement in the Release Log Book, secure a copy of the contract. | 4.1 Issue the client's copy of the contract.                                             | None                            | 2 minutes                 | Leasing Personnel                                                             |
|                                                                                               | <b>TOTAL:</b>                                                                            | <b>Renewal fee – PHP 200.00</b> | <b>2 days, 50 minutes</b> |                                                                               |



## 10. SURRENDER OF MARKET STALLS

Stallholders who wish to surrender their stalls voluntarily must file a formal request with the City Mall of Antipolo (CMA) Administration Office. This process ensures proper documentation, settlement of accountabilities, and orderly turnover of the stall to the City Government for reallocation.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                 | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO<br>Leasing, Administrative, and Billing Sections |                                                                                                                                                 |                 |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                       | Complex                                                                                                   |                                                                                                                                                 |                 |                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                             | G2C – Government to Citizen<br>G2B – Government to Business                                               |                                                                                                                                                 |                 |                                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                        | Stallholders of permanent and temporary stalls at CMA                                                     |                                                                                                                                                 |                 |                                              |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                    |                                                                                                           | WHERE TO SECURE                                                                                                                                 |                 |                                              |
| 1. Duly accomplished Voluntary Stall Surrender Form – Original copy<br>2. Any government-issued ID card – 1 photocopy with three (3) specimen signatures<br>3. Certification/clearance from the City Treasurer – 1 photocopy |                                                                                                           | - CMA Leasing Section<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br>- Office of the City Treasurer |                 |                                              |
| CLIENT STEPS                                                                                                                                                                                                                 | AGENCY ACTION                                                                                             | FEES TO BE PAID                                                                                                                                 | PROCESSING TIME | PERSON RESPONSIBLE                           |
| 1. Submit the requirements to the CMA Administration Office.                                                                                                                                                                 | 1. Receive the requirements and check their validity.                                                     | None                                                                                                                                            | 3 minutes       | Leasing Personnel                            |
| 1.1 Obtain the CMA's contact information for follow-up purposes.                                                                                                                                                             | 1.1 Provide contact information to the client.                                                            | None                                                                                                                                            | 2 minutes       | Leasing Personnel                            |
| 2. None                                                                                                                                                                                                                      | 2. Check the records of the stallholder.                                                                  | None                                                                                                                                            | 5 minutes       | Leasing Personnel                            |
| 2.1 None                                                                                                                                                                                                                     | 2.1 Prepare a Letter of Acceptance of Stall Surrender.                                                    | None                                                                                                                                            | 5 minutes       | Leasing Personnel                            |
| 2.2 None                                                                                                                                                                                                                     | 2.2 Sign the Letter of Acceptance.                                                                        | None                                                                                                                                            | 1 minute        | Market Administrator<br>Administrative Staff |
| 2.3 None                                                                                                                                                                                                                     | 2.3 Endorse the letter to the Chairperson of the Market Committee for review, approval, and signing.      | None                                                                                                                                            | 2 days          | Chairperson of the Market Committee          |
| 3. After 2 days, return to the CMA Administration Office to receive the Letter of Acceptance.                                                                                                                                | 3. Check the client's documents in the active file.                                                       | None                                                                                                                                            | 2 minutes       | Leasing Personnel                            |

|                                                                                                                                     |                                                                                                                                                                                                                     |                                                                                                                                                    |                           |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------|
| 3.1 Sign the acknowledgment on the CMA's copy of the Letter of Acceptance and secure your copy.                                     | 3.1 Issue the duly signed Letter of Acceptance of the stallholder's voluntary surrender of stall/s.                                                                                                                 | None                                                                                                                                               | 2 minutes                 | Leasing Personnel                             |
| 4. Perform the following:                                                                                                           | 4. Assist.                                                                                                                                                                                                          | None                                                                                                                                               | 5 days                    | All concerned                                 |
| 4.1 Proceed to the City Treasurer's Office, settle financial obligations, and secure the appropriate clearance.                     | 4.1 Issue updated SOA and receive payment, if any, and issue certification.                                                                                                                                         | The amount to be paid is based on the SOA.                                                                                                         | Within the 5 days         | Staff concerned, City Treasurer's Office      |
| 4.2 Secure the appropriate clearance for money and property accountabilities from the CMA Administration Office.                    | 4.2 Ask for a photocopy of the certification issued by the City Treasurer and facilitate the client's clearance of money and property accountabilities with the CMA Administration Office, and issue certification. | Certification fee – PHP 100.00                                                                                                                     | Within the 5 days         | CMA Billing Personnel<br>Market Administrator |
| 4.3 Vacate the stall within the prescribed period and secure a Gate Pass for the removal of items from the stall premises.          | 4.3 Ensure that the stall is in good condition before issuing the Gate Pass for the removal of items.                                                                                                               | None                                                                                                                                               | Within the 5 days         | Leasing Personnel;<br>Administrative Staff    |
| 4.4 Coordinate with the Business Permits and Licensing Office (BPLO) for the retirement of your business to avoid any inconvenience | 4.4 Receive and review the client's request for business retirement, verify compliance with documentary requirements, and issue the corresponding Business Retirement Certificate.                                  | Any amount payable, if applicable, shall be determined by the Business Permits and Licensing Office (BPLO) based on the client's official records. | Within the 5 days         | BPLO Staff concerned                          |
|                                                                                                                                     | <b>TOTAL:</b>                                                                                                                                                                                                       | <b>Certification fee – PHP 100.00;</b><br><b>Other amounts payable shall be based on the SOAs to be issued by the City Treasurer and BPLO</b>      | <b>7 days, 20 minutes</b> |                                               |

## 11. FILING OF COMPLAINT

Clients who encounter unsatisfactory government service or other issues during their transactions at the City Mall of Antipolo (CMA) are encouraged to file complaints with the CMA Administration Office.

| <b>OFFICE/<br/>DIVISION:</b>                                                                       | CITY ECONOMIC ENTERPRISE OFFICE<br>CITY MALL OF ANTIPOLO - Administrative Section                    |                                                                                                                      |                             |                                                |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                             | Simple                                                                                               |                                                                                                                      |                             |                                                |
| <b>TYPES OF TRANSACTION:</b>                                                                       | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government        |                                                                                                                      |                             |                                                |
| <b>WHO MAY AVAIL:</b>                                                                              | All                                                                                                  |                                                                                                                      |                             |                                                |
| CHECKLIST OF REQUIREMENTS                                                                          |                                                                                                      | WHERE TO SECURE                                                                                                      |                             |                                                |
| 1. Duly accomplished Complaint Form – Original copy<br>Any government-issued ID card – 1 photocopy |                                                                                                      | - CMA Administrative Section<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                             |                                                |
| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                                        | FEES TO BE PAID                                                                                                      | PROCESSING TIME             | PERSON RESPONSIBLE                             |
| 1. Submit the requirements.                                                                        | 1. Accept the requirements and assess the nature of the complaint for verification.                  | None                                                                                                                 | 3 minutes                   | Administrative Staff                           |
| 1.1 Await your referral for the next step.                                                         | 1.1 Endorse the complaint to the HR Focal Person.                                                    | None                                                                                                                 | 1 minute                    | Administrative Staff                           |
| 2. Present the details of the complaint for further assessment.                                    | 2. Review the complaint and explore potential actions to address the issues and concerns.            | None                                                                                                                 | 15-20 minutes               | Section Head concerned                         |
| 2.1 Achieve the preferred resolution for the complaint.                                            | 2.1 Address and resolve the issues and concerns presented by the client.                             | None                                                                                                                 | 5-20 minutes                | Section Head concerned                         |
| 2.2 None                                                                                           | 2.2 Draft the minutes of the interview or dialogue for review and acknowledgment by the Office Head. | None                                                                                                                 | 5-10 minutes                | Section Head concerned<br>Market Administrator |
| 3. Secure a copy of the dialogue minutes upon signing the acknowledgment receipt.                  | 3. Collect the signed receiving copy and hand over a copy of the dialogue minutes to the client.     | None                                                                                                                 | 1 minute                    | HR Focal Person                                |
| <b>TOTAL:</b>                                                                                      |                                                                                                      | None                                                                                                                 | <b>30 minutes to 1 hour</b> |                                                |



# **City Procurement Services Office**

## **External Services**



## 1. RECEIVING OF DOCUMENTS FROM AGENCIES/SUPPLIERS

The City Procurement Office usually receives document types from its suppliers that have to be processed in subsequent processes, like order confirmations, delivery notifications, invoices and reminders.

| <b>OFFICE/<br/>DIVISION:</b>            | ADMINISTRATIVE MANAGEMENT DIVISION                                                                                             |                       |                    |                       |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                  | Simple                                                                                                                         |                       |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>        | G2G and G2B                                                                                                                    |                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                   | Client Agencies, Suppliers                                                                                                     |                       |                    |                       |
| CHECKLIST OF REQUIREMENTS               |                                                                                                                                | WHERE TO SECURE       |                    |                       |
|                                         |                                                                                                                                |                       |                    |                       |
| CLIENT STEPS                            | AGENCY ACTION                                                                                                                  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Endorse the documents to be received | 1. Receive and reform the supplier/agency and stamp with RECEIVED, indicating the date and time.                               | None                  | 5 minutes          | Receiving Clerk       |
| 1.1 Receive the stamped document        | 1.1 Hand over the stamped receiving copy of the documents to the agency/supplier and logs in at the record book for reference. | None                  | 2 minutes          | Receiving Clerk       |
| 1.2 None                                | 1.2 Release the received documents to the concerned division within the timeline.                                              | None                  | 20 minutes         | Receiving Clerk       |
|                                         |                                                                                                                                |                       |                    |                       |
|                                         | <b>TOTAL</b>                                                                                                                   | <b>None</b>           | <b>27 minutes</b>  |                       |

## 2. ADVERTISEMENT OF INVITATION TO BID/REQUEST FOR EXPRESSION OF INTEREST AND SALE OF BIDDING DOCUMENTS

Bidders may be asked to pay for bidding documents to recover the cost of their preparation and development. The BAC shall issue the bidding documents to the prospective bidders upon payment of the corresponding cost thereof to the collecting/disbursing officer of the procuring entity concerned.

|                                                                                                                     |                                                                                                           |                                |                                                      |                               |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                        | SUPPLY MANAGEMENT DIVISION/PURCHASING SECTION                                                             |                                |                                                      |                               |
| <b>CLASSIFICATION:</b>                                                                                              | Simple                                                                                                    |                                |                                                      |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                    | G2B – Government to Business                                                                              |                                |                                                      |                               |
| <b>WHO MAY AVAIL:</b>                                                                                               | Suppliers/Bidders                                                                                         |                                |                                                      |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                    |                                                                                                           | <b>WHERE TO SECURE</b>         |                                                      |                               |
| Accomplished form and payment of the price stated in the bidding documents (Official Receipt)                       |                                                                                                           |                                |                                                      |                               |
| <b>CLIENT STEPS</b>                                                                                                 | <b>AGENCY ACTION</b>                                                                                      | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING TIME</b>                               | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Fill out a form provided in the Cashier's Office specifying the details of the bidding documents to be purchased | 1. Collects the corresponding amount to be paid for the bid documents.                                    | None                           |                                                      | Cashier                       |
| 1.1 Present the official receipt of payment                                                                         | 1.1 Release the bid documents after presenting the official receipt of payment to the BAC Secretariat/TWG | None                           | 2 hours<br>(depending on the volume of the document) | BAC<br>Secretariat/TWG        |
|                                                                                                                     |                                                                                                           |                                |                                                      |                               |
|                                                                                                                     | <b>TOTAL</b>                                                                                              | <b>None</b>                    | <b>2 hours</b>                                       |                               |





# **City Treasurer's Office**

## **External Services**





## 1. COLLECTION ON REAL PROPERTY TAX

**City Ordinance No.2018-878 Chapter II Art. A Real Property Tax.** There is hereby levied an annual **ad valorem tax** based on the assessed value of real property such as lands, buildings, machinery and other improvements affixed or attached to real property located in this city subject to the following rates:

- A. 1% for Agricultural;
- B. 1.5% for Residential
- C. 2% for Commercial/Industrial

**Sec. 2A.02.Additional Levy on Real Property for the Special Education Fund (SEF).** There is hereby levied a one percent (1%) tax on the assessed value of real property which shall be in addition to the basic real property. The proceeds thereof shall accrue exclusively to the Special Education Fund.

Real Property Tax payment is collected and validated through issuance of Official Receipts.

### 1.1 PAYMENT THROUGH OVER THE COUNTER

|                                                                                                      |                                                                                                                                                       |                                          |                        |                           |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                         | <b>CITY TREASURER'S OFFICE</b><br>- CASH RECEIPTS AND COLLECTION DIVISION<br><br><b>SATELITE OFFICE</b><br>- SM CHERRY<br>- CITY HALL ANNEX I MAYAMOT |                                          |                        |                           |
| <b>CLASSIFICATION:</b>                                                                               | Simple                                                                                                                                                |                                          |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                         | G2C – Government to Citizen                                                                                                                           |                                          |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                | All Antipolo City Real Property Owners/ Developers                                                                                                    |                                          |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                     |                                                                                                                                                       | <b>WHERE TO SECURE</b>                   |                        |                           |
| 1. Previous Real Property Tax (RPT) Receipts                                                         |                                                                                                                                                       | - Client                                 |                        |                           |
| <b>CLIENT STEPS</b>                                                                                  | <b>AGENCY ACTION</b>                                                                                                                                  | <b>FEES TO BE PAID</b>                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Secure Queuing Number                                                                             | 1. Issue Queuing number to taxpayers                                                                                                                  | None                                     | 30 seconds             | Treasury Help desk        |
| 2. Submit the requirement at the City Treasurer's Office – Window 2 or 3 and secure SOA              | 2. Check the RPT Receipts and issue statement of account                                                                                              | None                                     | 1 minute               | RPT Section personnel     |
| 3. Pay the RPT due at the City Treasurer's Office– Window 5/6/7/8 by showing the SOA and secure O.R. | 2. Accept the payment based on the SOA and issue O.R.                                                                                                 | Based on the Assessment of Real property | 3 minutes              | Revenue Collector         |

|  |              |                                |                  |  |
|--|--------------|--------------------------------|------------------|--|
|  | <b>TOTAL</b> | <b>Refer to Tax Base below</b> | <b>5 minutes</b> |  |
|--|--------------|--------------------------------|------------------|--|

## 1.2 Payment thru Online

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                           |                             |                        |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|----------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTIONS DIVISION                                                                                                                                         |                             |                        |                                                    |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | Complex                                                                                                                                                                                                   |                             |                        |                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C – Government to Citizen;                                                                                                                                                                              |                             |                        |                                                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | All Real Antipolo City Real Property Owners/ Developers                                                                                                                                                   |                             |                        |                                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                           | <b>WHERE TO SECURE</b>      |                        |                                                    |
| 1. Tax Declaration Number (TDN) / Property Identification Number (PIN)                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                           | - Client                    |                        |                                                    |
| 2. Last Official Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           | - Client                    |                        |                                                    |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>AGENCY ACTION</b>                                                                                                                                                                                      | <b>FEES TO BE PAID</b>      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                          |
| 1. Visit antipolo.egapsonline.com and log in to registered account.                                                                                                                                                                                                                                                                                                                                                                                      | 1. Generate billing details                                                                                                                                                                               | None                        | 1 minute               | Online Portal                                      |
| <b>3. click “City Treasurer’s Office (Real Property Tax)” then “Compute Real Property Tax.”</b><br>-Enroll property by using Tax Declaration No. (TDN) by clicking +Register Existing Real Property Unit. Then press enter<br>-After TDN verification, the declared owner will appear on the dashboard. Input the OR number of the last payment including the date and click <b>save button</b> .<br>-Click property details and proceed to computation. | 3. Generate statement of account                                                                                                                                                                          | None                        | 1 minute               | Online Portal                                      |
| <b>3.For payment-</b> client may use <b>E-wallet</b> (Paymaya, Gcash & QR PH)<br><b>Debit/credit/prepaid</b> (Visa, Mastercard, JCB)                                                                                                                                                                                                                                                                                                                     | 4. Confirm receipt of the payment.<br>4.1 Issue bank statement on a daily basis<br>4.2 Generate Collection report from the system.<br>4.3 Forward the generated Report of Collection to Cash Receipts and | Amount indicated in the SOA | 5 to 7 working days    | Accredited payment bank<br><br>CTO-Admin. Division |

|                                                                                                                                                                                                                       |                                                                                                                                                              |                                    |                                                                               |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|
|                                                                                                                                                                                                                       | Collection Division for issuance of O.R.                                                                                                                     |                                    |                                                                               |                                               |
| 4. None                                                                                                                                                                                                               | 4. Issue Official Tax Receipt.                                                                                                                               | None                               | 2 minutes                                                                     | CTO-Cash and Receipts and Collection Division |
| <b>5.</b> The client may select option on how to receive the Official Receipt;<br>-Pick-up at the Treasurer's Office (window 18)<br>-Send thru registered mail (via Philpost)<br><br>-Send thru e-mail (scanned copy) | 5. Release the official receipt thru;<br><br>-Release the O.R.<br><br>- mail the O.R. to client's address via Philpost<br>- Send scan copy of O.R. to client | None                               | 1 minute                                                                      | CTO-Admin. Division                           |
|                                                                                                                                                                                                                       | <b>TOTAL:</b>                                                                                                                                                | <b>Amount indicated in the SOA</b> | <b>2 minutes online payment Issuance of Official Receipt 5-7 working days</b> |                                               |

## 2. ISSUANCE OF REAL PROPERTY TAX CLEARANCE

Issued to property owners to certify the completeness/updated of Real Property Tax payment in Antipolo City

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION                                                                                                |                                                                                                                                                                                                         |                  |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simple                                                                                                                                                          |                                                                                                                                                                                                         |                  |                                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen/Developer                                                                                                                           |                                                                                                                                                                                                         |                  |                                                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | All Antipolo City Real Property owners/ Developers                                                                                                              |                                                                                                                                                                                                         |                  |                                                              |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                 | WHERE TO SECURE                                                                                                                                                                                         |                  |                                                              |
| <i>For Registered owner:</i><br>Updated Real Property Tax (RPT) Receipt<br>Original copy<br>2 . Updated Tax Declaration – 1 photocopy<br>3. Any government-issued ID card – 1 photocopy<br><i>For representative/Buyer:</i><br>4. Authorization letter – Original copy<br><i>For Corporation/Realtor/Developer:</i><br>Or Special Power of Attorney (SPA), Secretary's Certificate – 1 photocopy<br>5. Any government-issued ID – 1 photocopy<br><i>For newly acquired property</i><br>6. Deed of Sale – 1 photocopy |                                                                                                                                                                 | -Current official receipt of owner<br><br>- City Assessor's Office<br><br>- owner valid I.D.<br><br>- From property owner<br><br>- from property owner<br><br>- Client's representative<br><br>- Client |                  |                                                              |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AGENCY ACTION                                                                                                                                                   | FEES TO BE PAID                                                                                                                                                                                         | PROCESSING TIME  | PERSON RESPONSIBLE                                           |
| 1. Submit the requirements at the City Treasurer's Office Tax Payer's Lounge – Window 1                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Receive the requirements and verify client's record of payment, if Paid issue order of payment if not, instruct the client to pay the real property tax due. | None                                                                                                                                                                                                    | 2 minutes        | Admin Asst. II                                               |
| 1.1 Pay the RPT Clearance fee to window 11,12 or 13 and secure Official Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.1 Accept the payment.<br>And issue official receipt                                                                                                           | PHP 100.00 per Tax Declaration                                                                                                                                                                          | 2 minutes        | Revenue Collector                                            |
| 1.2 Proceed to window 1 and present the tax receipt for issuance of tax clearance.                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.2 Issue Tax Clearance signed by the City Treasurer or its authorized signatory.                                                                               |                                                                                                                                                                                                         | 3 minutes        | Admin Asst. II<br>City Treasurer or its authorized signatory |
| 2. Receive the RPT Clearance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.3 Issue the signed RPT Clearance.                                                                                                                             |                                                                                                                                                                                                         | 1 minute         | Admin. Asst. II                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>TOTAL:</b>                                                                                                                                                   | <b>PHP 100.00 per RPU</b>                                                                                                                                                                               | <b>8 minutes</b> |                                                              |

### 3. COLLECTION ON TRANSFER TAX

#### Article E: Tax on Transfer of Real Property Ownership

**Sec.2E.01. Imposition of Tax.** There id hereby levied a tax on the sale, donation, barter, or any other mode of transferring ownership or title of real property at the rate of seventy-five percent (75%) of one percent (1%) of the total consideration involved in the acquisition of the property or the fair market value in case the monetary consideration involved in the transfer is not substantial, whichever is higher.

Payment of the transfer tax shall be made to the City Treasurer's Office – Cash Receipts and Collection Division (CRCD) within sixty **(60)** days from the date of notarization; otherwise, surcharge and penalty shall apply.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION<br>Real Property Tax Section |                                                                                                                                                                                                                                                           |                 |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Simple                                                                                        |                                                                                                                                                                                                                                                           |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G2C – Government to Citizen                                                                   |                                                                                                                                                                                                                                                           |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Successor of Real Property Unit/s                                                             |                                                                                                                                                                                                                                                           |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | WHERE TO SECURE                                                                                                                                                                                                                                           |                 |                          |
| 1. Notarized Deed of Sale / Deed of Donation / Extrajudicial Settlement or any mode of transferring of ownership – Original and 2 photocopy<br>2. Certified true copy of Transfer Certificate of Title – Original and 2 photocopy<br>3. Declaration of Real Property Value (Tax Declaration) – Original and 2 photocopy<br>4. Certificate of No Improvement – Original and 2 photocopy<br>5. Tax Clearance – Original and 2 photocopy<br>6. Community Tax Certificate (cedula) of the buyer – Original and 2 photocopy<br>7. BIR CAR (Certificate Authorizing Registration) – Original and 2 photocopy |                                                                                               | - Notary Public office<br><br>- Registry of Deeds<br><br>- City Assessor's Office<br><br>- City Assessor's Office<br><br>- City Treasurer's Office<br>- City Treasurer's Office / Barangay Hall<br><br>- Bureau of Internal Revenue (BIR) District Office |                 |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AGENCY ACTION                                                                                 | FEES TO BE PAID                                                                                                                                                                                                                                           | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements at the City Treasurer's Office – Window 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Receive and verify the requirements.                                                       | None                                                                                                                                                                                                                                                      | 1 minute        | Local Revenue Officer I  |
| 1.1 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.1 Compute Transfer Tax and Issue order of Payment to the client.                            | None                                                                                                                                                                                                                                                      | 3 minutes       |                          |
| 2. Pay the required fees at Window 11,12 or 13 by showing the Order of Payment. Secure O.R.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. Accept the payment based on the Order of Payment. Issue O.R.                               | Refer to Transfer Tax Base below.                                                                                                                                                                                                                         | 1 minute        | Revenue Collection Clerk |

|                                                                                                                               |                                                                                                                                           |                                          |                   |                                              |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|----------------------------------------------|
| 3. Go Back to window 4 for stamping of details of payment in the instrument of transfer used.                                 | 3. Stamping of details of payment in the instrument of transfer affixing the signature of the City Treasurer or its authorized signatory. | None                                     | 4 minutes         | Revenue Collection Officer<br>City Treasurer |
| 4. Receive all the original documents submitted including the stamped instrument of transfer as proof of transfer tax payment | 4. Release the necessary documents to the client                                                                                          | none                                     | 2 minutes         | Revenue Collection Officer                   |
|                                                                                                                               | <b>TOTAL:</b>                                                                                                                             | <b>Refer to Transfer Tax Base below.</b> | <b>11 minutes</b> |                                              |

| <b>TRANSFER TAX BASE</b> |                                                                                        |
|--------------------------|----------------------------------------------------------------------------------------|
| Transfer Tax             | 75 % of 1 % of the market value or selling price whichever is higher                   |
| Late Payment             | Surcharge - 25% in excess of 60 days from the date of notary<br>Penalty- 2 % per month |

## 4. COLLECTION ON BUSINESS TAX

Business Tax payments are collected and validated through issuance of Official Receipts

### 4.1 ONLINE PAYMENT

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                             | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION                                                                                                                                                                                   |                                                                                                                                         |                                                                |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                   | Simple                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                |                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                             | G2C – Government to Citizen;<br>G2B – Government to Business                                                                                                                                                                                       |                                                                                                                                         |                                                                |                                                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                    | Persons who establish, operate, conduct or maintain their respective business within the City                                                                                                                                                      |                                                                                                                                         |                                                                |                                                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                |                                                                                                                                                                                                                                                    | WHERE TO SECURE                                                                                                                         |                                                                |                                                    |
| <b>For Business Tax application: Refer to B.P.L.O. Citizen's Charter</b> <ol style="list-style-type: none"> <li>1. Business Identification Number (BIN)</li> <li>2. Previous Official Receipt</li> </ol> |                                                                                                                                                                                                                                                    | - BPLO<br>- City Treasurer's Office (CTO)<br>- CTO / <a href="http://antipoloonline.egapsonline.com">antipoloonline.egapsonline.com</a> |                                                                |                                                    |
| CLIENT STEPS                                                                                                                                                                                             | AGENCY ACTION                                                                                                                                                                                                                                      | FEES TO BE PAID                                                                                                                         | PROCESSING TIME                                                | PERSON RESPONSIBLE                                 |
| 1. Visit <a href="http://antipoloonline.egapsonline.com">antipoloonline.egapsonline.com</a> and log in to registered account.                                                                            | 1. Receive the requirements.                                                                                                                                                                                                                       | None                                                                                                                                    | 1 minute                                                       | Online Portal                                      |
| 2. Payment option;<br>2.1 Payment thru online Paymaya e-wallet (Maya or g Cash) or<br>Paymaya/VISA/MASTERCARD/JBC<br>Make sure to click the <b>"Proceed to payment" button</b>                           | 2. Confirm receipt of the payment.<br>2.1 Issue bank statement on a daily basis<br>2.2 Generate Collection report from the system.<br>2.3 Forward the generated Report of Collection to Cash Receipts and Collection Division for issuance of O.R. | Amount indicated in the SOA                                                                                                             | 5 to 7 working days                                            | Accredited Payment Bank<br><br>CTO- Admin Division |
| 3. None                                                                                                                                                                                                  | 3. Issue Official Tax Receipt                                                                                                                                                                                                                      | Amount indicated in the SOA                                                                                                             | 1 minute                                                       | CTO-Cash Receipts and Collection Division          |
|                                                                                                                                                                                                          | <b>TOTAL:</b>                                                                                                                                                                                                                                      | <b>Amount indicated in the SOA</b>                                                                                                      | <b>2 minutes<br/>5-7 days<br/>issuance and release of O.R.</b> |                                                    |

#### 4.2 Business Tax: Payment over the counter

|                                                                                                          |                                                                  |                                               |                        |                           |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                             | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION |                                               |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                   | Simple                                                           |                                               |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                             | G2C – Government to Citizen;<br>G2B – Government to Business     |                                               |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                    | All Antipolo City business owners/operators                      |                                               |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                         |                                                                  | <b>WHERE TO SECURE</b>                        |                        |                           |
| 1. Printed Copy of Statement of Account                                                                  |                                                                  | - Business Permit and Licensing Office (BPLO) |                        |                           |
| <b>CLIENT STEPS</b>                                                                                      | <b>AGENCY ACTION</b>                                             | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Present the printed copy of Statement of Account to window 9 or 10 and pay the corresponding tax due. | 1. Receive the SOA and issue official receipts                   | Based on the assessment of the business       | 2 minutes              | Revenue Collection Clerk  |
|                                                                                                          | <b>TOTAL:</b>                                                    | <b>Amount indicated in the SOA</b>            | <b>2 minutes</b>       |                           |



## 5. ISSUANCE OF COMMUNITY TAX CERTIFICATE/CORPORATE (CEDULA)

**Sec. 6.01. Imposition of Tax.** There shall be imposed a community tax on persons, natural or judicial, residing in the city.

A CTC is one of the requirements in most government and private transactions. It is paid during the beginning of the year and shall be paid to the City Treasurer not later than the last day of February of each year.

Corporations established and organized on or before the last day of June shall be liable for the payment of community tax for the year, while corporations organized before the last day of March shall have 20 days to pay the community tax. Corporations established and organized on or after the first day of July shall not be subject to community tax for the year.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION |                                                                                                                                                                                                                                                                                                                                               |                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Simple                                                           |                                                                                                                                                                                                                                                                                                                                               |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen;<br>G2B – Government to Business     |                                                                                                                                                                                                                                                                                                                                               |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Individuals and duly authorized representative of corporations   |                                                                                                                                                                                                                                                                                                                                               |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                               |                 |                          |
| <i>For Individual Community Tax Certificate (CTC)</i><br>1. Personal Data Information Sheet (PDIS) or 1 valid I.D.– to be duly accomplished by the client.<br><br><i>For Corporation-Renewal of Business</i><br>1. Personal Data Information (PDIS) – to be duly accomplished by the client.<br>2. Tax Declaration of the property/ies owned by the corporation – 1 photocopy<br>3. Updated Financial Statement with BIR receipt stamp<br>4. Any government-issued ID card of the authorized representative<br>5. Notarized Special Power of Attorney (SPA) of the authorized representative<br><br><i>For Corporation-For New Business</i><br>1. Personal Data Information (PDIS) or any<br>2. valid I.D.- to be duly accomplished by the client.<br>2. Securities and Exchange Commission (SEC) Registration. |                                                                  | -City Treasurer's Office<br>- Client /any government issuing I.D.<br><br>- City Treasurer's Office<br>- City Assessor's Office<br>- Client/Bureau of Internal Revenue (BIR)<br><br>- Client's valid ID<br>- Notary Public<br><br>- City Treasurer's Office<br>(CTC Desk – eBOSS Hub)<br>Client<br>- Client/Securities and Exchange Commission |                 |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                    | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                               | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements at CTC Desk – (inside eBOSS Hub)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Receive the requirements.                                     | None                                                                                                                                                                                                                                                                                                                                          | 1 minute        | Revenue Collection Clerk |

|                                                                                                                   |                                                                                    |                                          |                  |                          |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------|------------------|--------------------------|
| 1.1 None                                                                                                          | 1.1 Fill out the CTC and compute the amount to be paid by the client.              |                                          |                  |                          |
| 2. Pay the amount of the computed Community Tax indicated in the CTC and affix signature and thumbmark on the CTC | 2. Accept the payment and issue CTC affixing signature and thumbmark of the client | Refer to Community Tax Base on page 9    | 2 minutes        | Revenue Collection Clerk |
| 2.1 Secure the original copy of the CTC.                                                                          | 2.1 Issue the original copy of the CTC.                                            |                                          |                  |                          |
|                                                                                                                   | <b>TOTAL:</b>                                                                      | <b>Refer to Community Tax Base below</b> | <b>3 minutes</b> |                          |

### COMMUNITY TAX BASE

#### Individual:

- Basic Community Tax – PHP 5.00
- Additional tax of One Peso (PHP 1.00) for every One Thousand Pesos (PHP 1,000.00) of income from business, exercise of profession, or property but which in no case shall exceed Five Thousand Pesos (PHP 5,000.00)

#### Corporation:

- Basic Community Tax – PHP 500.00
- Additional Community Tax (not to exceed PHP 10,000.00)
- Gross Receipts/Sales – Two Pesos (PHP 2.00) for every Five Thousand Pesos (PHP 5,000.00) of gross sales/receipts.
- Assessed Value of property owned by the corporation – Two Pesos (PHP 2.00) for every Five Thousand Pesos (PHP 5,000.00) of Assessed Value per Tax Declaration

## 6. PAYMENT OF CONTRACTOR'S TAX

Pursuant to Article M. Graduated Tax on Business Sec. 2M.01.I Contractors includes person, natural or judicial, whose activity consists essentially of the sale of all kinds of services for a fee, regardless of whether or not the performance of the service calls for the exercise or use of the physical or mental facilities of such contractor or his employees;

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                        | CITY TREASURER'S OFFICE<br>Revenue Operations Divisions      |                                                                                                                                                                            |                  |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                              | Simple                                                       |                                                                                                                                                                            |                  |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                        | G2C – Government to Citizen;<br>G2B – Government to Business |                                                                                                                                                                            |                  |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                               | Contractors                                                  |                                                                                                                                                                            |                  |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                           |                                                              | WHERE TO SECURE                                                                                                                                                            |                  |                          |
| 1. Secure Order of Payment<br><br><i>For representative:</i><br>4. Authorization letter – Original copy<br><i>For Corporation/Realtor/Developer:</i><br>Or Special Power of Attorney (SPA), Secretary's Certificate – 1 photocopy<br>5. Any government-issued ID card – 1 photocopy |                                                              | - Office of the Building Official<br><br>-Client being represented<br><br>- any valid I.D.<br>- Citizen/client being represented<br><br>- Citizen/client being represented |                  |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                        | AGENCY ACTION                                                | FEES TO BE PAID                                                                                                                                                            | PROCESSING TIME  | PERSON RESPONSIBLE       |
| 1. Submit the requirements at the City Treasurer's Office Tax Payer's Lounge – Window 1                                                                                                                                                                                             | 1. Receive the requirements                                  | None                                                                                                                                                                       | 1 minute         | Admin. Asst. II          |
| 2. Receive the order of payment for contractor's tax                                                                                                                                                                                                                                | 2. Compute the contractor's tax                              | None                                                                                                                                                                       | 2 minutes        | Admin. Asst. II          |
| 3. Pay the contractor's tax to window 11,12 or 13 and secure Official Receipt                                                                                                                                                                                                       | 2.1 Receive payment and issue official receipt               | Please refer to table below                                                                                                                                                | 3 minutes        | Revenue Collection Clerk |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                            | <b>6 minutes</b> |                          |

### CONTRACTOR'S TAX BASE

For purposes of this section, the tax on general engineering, general building, and specialty contractors shall initially be based on the total contract price.

**Contractor's Tax =1Million to 2Million = 17,250.00**

**= in excess of 2Million= 75% of 1 percent**

## 7. ISSUANCE OF REAL PROPERTY TAX DOCUMENTS – TRACE BACK / TRACE FORWARD / CERTIFIED TRUE COPY OF OLD TAX DECLARATION (1993 and below)

Real property owners may, for valid reasons, request for real property tax documents such as Trace Back, Trace Forward, or a certified true copy of an old Tax Declaration upon submission of letter request to the City Treasurer and subsequent payment of research fee.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                         | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION                                                              |                                                                                          |                 |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                               | Complex                                                                                                                       |                                                                                          |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                         | G2C – Government to Citizen                                                                                                   |                                                                                          |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                | Real property owner                                                                                                           |                                                                                          |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                            |                                                                                                                               | WHERE TO SECURE                                                                          |                 |                          |
| 1. Letter of request addressed to the City Treasurer<br><br><i>For Representative:</i><br>Authorization Letter<br>1 (One) Valid ID                   |                                                                                                                               | -Client<br><br>- Client<br>-any valid ID of the Client and its authorized representative |                 |                          |
| CLIENT STEPS                                                                                                                                         | AGENCY ACTION                                                                                                                 | FEES TO BE PAID                                                                          | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Proceed to Treasurer's Office window 19 and log in to the daily transaction sheet and submit the requirements.                                    | 1. Receive the requirements and assign DTF No. Encode the transaction request and forward to the City Treasurer for approval. | None                                                                                     | 1 minute        | Receiving Clerk          |
| 1.1 None                                                                                                                                             | 1.1 Check and approve the request.                                                                                            | None                                                                                     | 1 minute        | City Treasurer           |
| 1.2 Secure Order of Payment and receive the approved request with attached Daily Transaction Form (DTF).                                             | 1.2 Issue the Order of Payment and the approved request with attached Daily Transaction Form (DTF).                           | None                                                                                     | 1 minute        | Receiving Clerk          |
| 2. Pay the required fee/s at the City Treasurer's Office – Window 11, 12 or 13 by showing the Order of Payment. Secure official receipt upon payment | 2. Accept the payment based on the Order of Payment and issue the official receipt                                            | PHP 50.00 per RPU                                                                        | 3 minutes       | Revenue Collection Clerk |

|                                                                                                                                                                                            |                                                                                                                                                          |                          |                          |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------|
| 3. Proceed to the City Treasurer's Office – Window 19 and present the Official Receipt and the DTF. Wait for the notification on the date and time of release of the document/s requested. | 3. Check the Official Receipt and receive the approved request and notify the client on the date of release of the document/s requested                  | None                     | 2 minutes                | Receiving Clerk                         |
| 4. None<br><br>4.1 None                                                                                                                                                                    | 4. Retrieve document/s from the record on file (Place of retrieval -GSO Motor pool)<br><br>4.1 Certify and Sign the photocopy of the document/s on file. | None<br><br>None         | 1 day                    | Records Custodian<br><br>City Treasurer |
| 5. Return to the Office of the City Treasurer window 19 on the scheduled release. Present the Daily Tracking Form (DTF)                                                                    | 5. Check the Official Receipt and give the Release Log Book to the client. Release the document/s requested                                              | None                     | 3 minutes                | Releasing Clerk                         |
|                                                                                                                                                                                            | <b>TOTAL:</b>                                                                                                                                            | <b>PHP 50.00 per RPU</b> | <b>1 day, 12 minutes</b> |                                         |

## 8. ISSUANCE OF REPRINTED COPY OF OFFICIAL RECEIPT / CERTIFIED PHOTOCOPY

Clients with previous transactions may, for valid purposes, request a certified photocopy/reprinted copy of Official Receipt/s from the City Treasurer's Office.

|                                                                                                                                                                                                          |                                                                                                    |                                                                                      |                        |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                             | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION                                   |                                                                                      |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                   | Simple                                                                                             |                                                                                      |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                             | G2C – Government to Citizen                                                                        |                                                                                      |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                    | Client with prior payment of any taxes, fees and charges                                           |                                                                                      |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                         |                                                                                                    | <b>WHERE TO SECURE</b>                                                               |                        |                           |
| 1. Letter request addressed to the City Treasurer<br>2. Photocopy of Official Receipt if any or Tax Declaration<br><br>For Representative:<br>1. Authorization Letter or SPA<br>2. Photocopy of valid ID |                                                                                                    | - Client<br><br>- Client<br><br>-Client<br>-Client and its authorized representative |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                      | <b>AGENCY ACTION</b>                                                                               | <b>FEES TO BE PAID</b>                                                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to Treasurer's Office window 19 and log in to the daily transaction sheet and submit the requirements.                                                                                        | 1. Receive the requirements. Assigned Daily Tracking Number and encode the transaction             | None                                                                                 | 1 minute               | Administrative Staff      |
| 1.1 None                                                                                                                                                                                                 | 1.1 Check the authenticity of the photocopy of the RPT Official Receipt versus the record on file. | None                                                                                 | 3 minutes              | Administrative Staff      |
| 1.2 None                                                                                                                                                                                                 | 1.2 Approve the request.                                                                           | None                                                                                 | 1 minute               | City Treasurer            |
| 1.3 Secure Order of Payment                                                                                                                                                                              | 1.3 Issue the Order of Payment.                                                                    | None                                                                                 | 1 minute               | Admin. Staff              |
| 1.4 None.                                                                                                                                                                                                | 1.4 Retrieve/ Re print the requested Official Receipt/s                                            | None                                                                                 | 5 minutes              | Record Custodian          |
| 2. Pay the required fee/s at the City Treasurer's Office – Window 13 by showing the Order of Payment. Secure O.R.                                                                                        | 2. Accept the payment based on the Order of Payment and issue O.R.                                 | PHP 100.00 per Certified Photocopy                                                   | 2 minutes              | Revenue Collection Clerk  |

|                                                                                                                                |                                                                                                               |                                             |                   |                      |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|----------------------|
|                                                                                                                                |                                                                                                               |                                             |                   |                      |
| 3. Return to Window 19 and show the Official Receipt. Receive the Certified Photocopy/ Reprinted Copy of the Official Receipt. | 3. Check the Official Receipt. Issue the stamped Certified Photocopy/ Reprinted Copy of the Official Receipt. | None                                        | 2 minutes         | Administrative Staff |
|                                                                                                                                | <b>TOTAL:</b>                                                                                                 | <b>PHP 100.00<br/>per RPT<br/>Clearance</b> | <b>15 minutes</b> |                      |

## 9. PAYMENT OF MARKET FEES AND CHARGES AND AMBULANT VENDING FEES

Market fees include stall rentals, electric bills, water bills and ambulant vending fees. Collection of these fees is done by market collectors designated by the City Treasurer at the City Mall of Antipolo (CMA).

For temporary vending at CMA, ambulant vendors must file their application for registration with the CMA Administration Office for approval and pay to the City Treasurer the corresponding application fee of PHP 200.00. Applicants must be residents of Antipolo City, of legal age, and Filipino citizens.

|                                                                                                                            |                                                                     |                                       |                        |                              |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------|------------------------|------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                               | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION    |                                       |                        |                              |
| <b>CLASSIFICATION:</b>                                                                                                     | Simple                                                              |                                       |                        |                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                               | G2C – Government to Citizen;                                        |                                       |                        |                              |
| <b>WHO MAY AVAIL:</b>                                                                                                      | Business owner/stall holder- City Mall of Antipolo                  |                                       |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                           |                                                                     | <b>WHERE TO SECURE</b>                |                        |                              |
| <i>For Market Fees and Charges:</i><br>1. Stall number<br>2. Order of Payment-Rent and CUSA                                |                                                                     | - Client<br>- City Treasurer's Office |                        |                              |
| <b>CLIENT STEPS</b>                                                                                                        | <b>AGENCY ACTION</b>                                                | <b>FEES TO BE PAID</b>                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Secure order of payment                                                                                                 | 1. Deliver order of payment every 1 <sup>st</sup> week of the month |                                       | 5 minutes              | Business & Licensing Section |
| 2. Pay the market fees and charges to the Market Collector by showing the requirements at the 3 <sup>rd</sup> floor of CMA | 2. Issue the Official Receipt.                                      | Based on the Market code              | 2 minutes              | Revenue Collector            |
|                                                                                                                            | <b>TOTAL:</b>                                                       | <b>Based on the Market code</b>       | <b>5 minutes</b>       |                              |



## SCHEDULE OF MARKET FEES AND CHARGES

| MARKET SECTION                                                                                                  |                                           | STALL RENTAL/FEE |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|
| <b>A. RENTAL FEE ON MARKET STALLS</b>                                                                           |                                           |                  |
| On fixed stalls with booth constructed by the city government, per square meter or fraction thereof, per month: |                                           |                  |
| a.                                                                                                              | Dry Goods Section                         | PHP 222.00       |
| b.                                                                                                              | Grocery Section                           | PHP 390.00       |
| c.                                                                                                              | Vegetables and Fruits Section             | PHP 360.00       |
| d.                                                                                                              | Eatery/Food Court Section                 | PHP 180.00       |
| e.                                                                                                              | Flower Shop Section                       | PHP 150.00       |
| f.                                                                                                              | Cold Cuts Section                         | PHP 770.00       |
| g.                                                                                                              | Fish Section                              | PHP 770.00       |
| h.                                                                                                              | Meat/Chicken Section                      | PHP 770.00       |
| i.                                                                                                              | Rice, Corn, Cereal, Animal Feed Section   | PHP 300.00       |
| j.                                                                                                              | Commercial Stalls 1st Floor               | PHP 355.00       |
| k.                                                                                                              | Commercial Stalls 2nd Floor               | PHP 355.00       |
| l.                                                                                                              | Commercial Stalls 3rd Floor               | PHP 177.00       |
| m.                                                                                                              | Anchors 1st and 2nd Floor (If applicable) | PHP 150.00       |
| n.                                                                                                              | Anchor 3rd Floor (If applicable)          | PHP 100.00       |

Provided, that stalls, booths, tiendas and/or spaces located in the best areas, e.g., corner spaces or those so designated by the Market Administrator/Supervisor, shall pay rental charges twenty-five percent (25%) higher than the rates imposed in the 2019 Antipolo City Revenue Code; Provided further, that rental charges shall be paid within the first ten (10) days of the month.

| MARKET SECTION                                                                                                                                                                                                                                                                                                     | STALL RENTAL/FEE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>Market Fees for the occupancy of Market premises</b>                                                                                                                                                                                                                                                            |                  |
| Where occupancy is more permanent, per square meter or fraction thereof, per month:                                                                                                                                                                                                                                |                  |
| As site of structures, such as stalls, booths, or <i>tiendas</i>                                                                                                                                                                                                                                                   | PHP 200.00       |
| As reserved space for whatever purpose allowed under the 2019 Antipolo City Revenue Code, such as selling, or storage of goods and <i>bagsakan</i>                                                                                                                                                                 | PHP 200.00       |
| On premises reserved for ambulant vendors, hawkers, and similar types of vendors, per square meter, per day:                                                                                                                                                                                                       |                  |
| Market entrance fee on transient vendors of any commodity or merchandise brought into the market for sale-<br>For every sack of salt or sugar<br>For every sack of animal feed, rice bran, or fertilizer<br>For every sack of salted fish or dried shrimps<br>For every basket/ <i>kaing</i> of vegetables, fruits | PHP 50.00        |
| On spaces in the wet section and live fowls and piglet section, including the poultry dressing area, per square meter or fraction thereof, per month:                                                                                                                                                              |                  |

| <b>Other Market Fees:</b> |                                                                                                                                                                                                      |                                         |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| a.                        | <i>Commons Utility, Security and Amenities (CUSA)</i> – All permanent/fixed stalls as well as temporary stalls constructed within the premises of the public market shall be charged an amount of... | PHP<br>100.00<br>per sq.m.<br>per month |
|                           | Kind of Conveyance                                                                                                                                                                                   | Rate Per Entry                          |
|                           | Pushcart                                                                                                                                                                                             | PHP<br>20.00                            |
|                           | Tricycle                                                                                                                                                                                             | PHP<br>20.00                            |
|                           | Pedicab                                                                                                                                                                                              | PHP<br>20.00                            |
|                           | Jeep (Regardless of Load)                                                                                                                                                                            | PHP<br>50.00                            |
|                           | Trucks (Regardless of Load)                                                                                                                                                                          | PHP<br>100.00                           |
|                           | Trailers                                                                                                                                                                                             | PHP<br>100.00                           |
|                           | Others                                                                                                                                                                                               | PHP<br>100.00                           |
| c.                        | <i>Storage Fees (Per Day)</i>                                                                                                                                                                        |                                         |
|                           | Confiscated Goods                                                                                                                                                                                    | PHP<br>100.00                           |
|                           | Abandoned Articles                                                                                                                                                                                   | PHP<br>100.00                           |
| d.                        | <i>Permit Fee to Construct / Renovate</i>                                                                                                                                                            | PHP<br>200.00                           |
| e.                        | <i>Identification Card (ID Fee)</i>                                                                                                                                                                  |                                         |
|                           | Market Vendors                                                                                                                                                                                       | PHP<br>50.00                            |
|                           | Helpers                                                                                                                                                                                              | PHP<br>50.00                            |
| f.                        | <i>Contract to Lease Fee</i>                                                                                                                                                                         |                                         |
|                           | New                                                                                                                                                                                                  | PHP<br>300.00                           |
|                           | Renewal                                                                                                                                                                                              | PHP<br>200.00                           |
| g.                        | <i>Application Fee</i>                                                                                                                                                                               | PHP<br>200.00                           |

## 10. PAYMENT OF PARKING FEES

There shall be collected fees for the use of city owned parking area/s or designated streets for pay parking in accordance with the schedule of parking fees provided in City Ordinance No. 2018-879, as amended: (Hinilugang Taktak parking area)

|                                                                                                   |                                                                  |                                         |                        |                           |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                      | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION |                                         |                        |                           |
| <b>CLASSIFICATION:</b>                                                                            | Simple                                                           |                                         |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                      | G2C – Government to Citizen;<br>G2B – Government to Business     |                                         |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                             | Client using city owned property for parking purposes            |                                         |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                  |                                                                  | <b>WHERE TO SECURE</b>                  |                        |                           |
| None                                                                                              |                                                                  | -                                       |                        |                           |
| <b>CLIENT STEPS</b>                                                                               | <b>AGENCY ACTION</b>                                             | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Pay the parking fee to the Parking Revenue Collector upon arrival at city owned parking place. | 1. Accept the payment.                                           | Refer to Schedule of Fees below.        | 2 minutes              | Parking Revenue Collector |
| 1.1 Secure Official Receipt                                                                       | 1.1 Issue the Official Receipt.                                  | None                                    |                        |                           |
|                                                                                                   | <b>TOTAL:</b>                                                    | <b>Refer to Schedule of Fees below.</b> | <b>2 minutes</b>       |                           |

### SCHEDULE OF PARKING FEES

| Vehicle Type               | Rate          |                                                      |
|----------------------------|---------------|------------------------------------------------------|
|                            | First 4 hours | Per hour or Fraction thereof after the first 4 hours |
| Motorcycle                 | PHP 20.00     | PHP 7.00                                             |
| Tricycle (private use)     | PHP 25.00     | PHP 8.00                                             |
| Sedan, AUV, Vans           | PHP 40.00     | PHP 15.00                                            |
| Jeepney, SUV (private use) | PHP 40.00     | PHP 15.00                                            |
| Tourist buses, coasters    | PHP 60.00     | PHP 20.00                                            |

## 11. PAYMENT OF PROFESSIONAL TAX

Professional taxes are imposed upon any and all individuals engaged in the exercise or practice of their professions. Professionals employed in the government are exempted from the payment of the professional tax.

The professional tax shall be payable annually, on or before the thirty-first (31st) of January of every year to the City Treasurer's Office – Cash Receipts and Collection Division (CRCD). Any and all persons who begin to practice their professions after the month of January must still pay the full amount of the professional tax due for the year in order to engage in the practice of their professions.

|                                                                        |                                                                  |                                                                           |                             |                           |
|------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                           | CITY TREASURER'S OFFICE<br>CASH RECEIPTS AND COLLECTION DIVISION |                                                                           |                             |                           |
| <b>CLASSIFICATION:</b>                                                 | Simple                                                           |                                                                           |                             |                           |
| <b>TYPES OF TRANSACTION:</b>                                           | G2C – Government to Citizen                                      |                                                                           |                             |                           |
| <b>WHO MAY AVAIL:</b>                                                  | Professionals engaged in the practice of their professions       |                                                                           |                             |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                       |                                                                  | <b>WHERE TO SECURE</b>                                                    |                             |                           |
| 1. Professional ID card<br>2. Community Tax Certificate / Cedula       |                                                                  | - Client<br>- City Treasurer's Office<br><br>(CTC Desk –Inside EBOSS Hub) |                             |                           |
| <b>CLIENT STEPS</b>                                                    | <b>AGENCY ACTION</b>                                             | <b>FEES TO BE PAID</b>                                                    | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements at the City Treasurer's Office – Window 12. | 1. Receive the requirements.                                     | None                                                                      | 30 seconds                  | Revenue Collection Clerk  |
| 2. Pay the corresponding amount.                                       | 2. Accept the payment.                                           | PHP 300.00                                                                | 2 minutes                   | Revenue Collection Clerk  |
| 2.1 Secure Official Receipt.                                           | 2.1 Issue the Official Receipt.                                  | None                                                                      |                             |                           |
|                                                                        | <b>TOTAL:</b>                                                    | <b>PHP 300.00</b>                                                         | <b>2 minutes 30 seconds</b> |                           |

## 12. SEALING AND LICENSING OF WEIGHTS AND MEASURES

All instruments for determining weights and measures in all consumer and consumer related transactions shall be tested, calibrated and sealed every six (6) months by the official sealer who shall be the City Treasurer or his duly authorized representative upon payment of fees required under Article B of the 2019 Antipolo City Revenue Code: Provided, That all instruments of weights and measures shall continuously be inspected for compliance with the provisions of said Article, at any time, within the six (6) month period.

Every person, before using instruments of weights and measures within this city, shall first have them sealed and licensed annually and pay the corresponding fee to the City Treasurer.

|                                                                                               |                                                                                        |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                  | CITY TREASURER'S OFFICE (CTO)<br>REVENUE OPERATIONS DIVISION – BUSINESS TAX<br>SECTION |
| <b>CLASSIFICATION:</b>                                                                        | Simple                                                                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                  | G2B – Government to Business                                                           |
| <b>WHO MAY AVAIL:</b>                                                                         | Business owner                                                                         |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                              | <b>WHERE TO SECURE</b>                                                                 |
| 1. Letter Request<br>2. Schedule Form<br>3. Weighing scales / gas pump – during<br>inspection | - Client<br>- City Treasurer's Office<br>- Client                                      |

### 12. SEALING OF METRIC INSTRUMENT OF WEIGHTS:

| CLIENT STEPS                                                                                                                | AGENCY ACTION                                                                                                                       | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                 |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|---------------------------------------|
| 1. Submit Letter of Request to the City Treasurer's Office-Business Permit and Licensing section and secure a Schedule form | 1. Receive the letter of request and issue schedule form.                                                                           | None               | 1 minute           | Business Permit and Licensing Section |
| 2. Fill up schedule form                                                                                                    | Receive the schedule form and indicate the date and time of calibration schedule                                                    | None               | 1 minute           | Revenue Collection Clerk I            |
| 3. Submit weighing scales to inspection during the visit of the CTO inspector.                                              | Check the weighing scale by putting the test weights (1kg, 2kgs, & 5kgs)                                                            |                    |                    | Treasury Calibration Team             |
| 1.1 Secure metal, lead seal and calibration / registration sticker.                                                         | 1.1 If not defective, attach the metal, lead seal and calibration/ registration sticker.<br><br>If defective, recommend for repair. |                    |                    | Treasury Calibration Team             |

|                                                                                                                                                                                               |                                                                                                        |                                             |                                                    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|--------------------------|
| 2. Pay the required fees to the Inspector/Collector and secure O.R.                                                                                                                           | 2. Accept the payment. and issue O.R.                                                                  | Refer to Schedule of Fees on page 24        | 1 minute                                           | Inspector/Collector      |
| 3. Wait for at least 3 working days for the issuance of Certification at the Treasurer's Office                                                                                               | 3. Prepare the Certification of Inspection and Calibration.                                            | None                                        | 3 days                                             |                          |
| 3.1 None                                                                                                                                                                                      | 3.1 Review and sign the Certification.                                                                 |                                             |                                                    |                          |
| 4. Proceed to the City Treasurer's Office (Revenue Operations Division – Business Tax Section) and show the Official Receipt for the issuance of Certification of Inspection and Calibration. | 4. Check the Official Receipt and release the Certificate of Inspection and Calibration to the client. | None                                        | 1 minute                                           | Revenue Collection Clerk |
|                                                                                                                                                                                               | <b>TOTAL:</b>                                                                                          | <b>Refer to Schedule of Fees on page 21</b> | <b>14 minutes<br/>3 days for the certification</b> |                          |

### 13. SEALING OF METRIC MEASURE

| CLIENT STEPS                                                                                                                                                                                  | AGENCY ACTION                                                                               | FEES TO BE PAID                             | PROCESSING TIME                                    | PERSON RESPONSIBLE       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|--------------------------|
| 1. Submit gas pump to inspection during the visit of the CTO inspector.                                                                                                                       | 1. Test the measurement of gasoline by using the authorized gasoline bucket.                | None                                        | 5 minutes                                          | Inspector/Collector      |
| 1.1 None                                                                                                                                                                                      | 1.1 If found defective, adjust gasoline pump to reach the right measurement.                | None                                        | 10 minutes                                         |                          |
| 1.2 Secure metal, lead seal and calibration / registration sticker.                                                                                                                           | 1.2 Seal the adjuster with metal, lead seal and calibration/ registration sticker.          | None                                        | 10 minutes                                         |                          |
| 2. Pay the corresponding amount and secure O.R.                                                                                                                                               | 2. Accept the payment and issue O.R.                                                        | Refer to the Schedule of Fees below.        | 3 minutes                                          | Inspector/Collector      |
| 3 Wait for at least 3 working days for the issuance of certification at the Treasurer's Office                                                                                                | 3. Prepare the Certification of Inspection and Calibration.                                 | None                                        | 3 days                                             | Revenue Collection Clerk |
| 3.1 None                                                                                                                                                                                      | 3.1 Review and sign the Certification.                                                      |                                             |                                                    | City Treasurer           |
| 4. Proceed to the City Treasurer's Office (Revenue Operations Division – Business Tax Section) and show the Official Receipt for the issuance of Certification of Inspection and Calibration. | 4. Verify the O.R. and release to the client the Certificate of Inspection and Calibration. |                                             | 2 minutes                                          | Revenue Collection Clerk |
|                                                                                                                                                                                               | <b>TOTAL:</b>                                                                               | <b>Refer to the Schedule of Fees below.</b> | <b>30 minutes<br/>3 days for the certification</b> |                          |

## SCHEDULE OF FEES

| PARTICULARS                                                          | IMPOSED FEES |
|----------------------------------------------------------------------|--------------|
| <b><i>Sealing Metric Measures of:</i></b>                            |              |
| Not over 3 meters                                                    | PHP 100.00   |
| Over 3 meters                                                        | PHP 150.00   |
| <b><i>Sealing Metric Measures with Capacity of:</i></b>              |              |
| Not over 10 Liters                                                   | PHP 100.00   |
| Over 10 Liters                                                       | PHP 150.00   |
| <b><i>Sealing Metric Instrument of Weights with Capacity of:</i></b> |              |
| Less than 30 kgs                                                     | PHP 100.00   |
| 30 kgs but not more than 50 kgs                                      | PHP 150.00   |
| 50 kgs but not more than 100 kgs                                     | PHP 300.00   |
| 100 kgs but not more than 300 kgs                                    | PHP 500.00   |
| 300 kgs but not more than 500 kgs                                    | PHP 1,000.00 |
| 500 kgs and over                                                     | PHP 2,000.00 |

**Additional fees:**

**50.00 for Seal**  
**10.00 for Sticker**



## 14. COLLECTION ON SLAUGHTER HOUSE

**Article H. sec. 5H.02. Imposition of Slaughter fees.** There shall be collected the following fees:

| Kind of Animal | Ante Mortem Fee | Post Mortem Fee |
|----------------|-----------------|-----------------|
| Cattle/Carabao | 10.00/head      | 40.00/ head     |
| Hogs           | 5.00/head       | 20.00/ head     |
| Sheep/Goat     | 5.00/head       | 15.00/head      |
| Chicken        | 0.15/head       | 0.35/head       |

### Other Fees and Charges:

| Certification                 | Fee    |
|-------------------------------|--------|
| Veterinary Health Certificate | 100.00 |
| Veterinary Clearance          | 50.00  |

| <b>OFFICE/<br/>DIVISION:</b>                                                                                               | CITY TREASURER'S OFFICE (CTO)<br>REVENUE OPERATIONS DIVISION – BUSINESS TAX SECTION                                                                                |                               |                 |                                                      |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                     | Complex                                                                                                                                                            |                               |                 |                                                      |
| <b>TYPES OF TRANSACTION:</b>                                                                                               | G2B – Government to Business                                                                                                                                       |                               |                 |                                                      |
| <b>WHO MAY AVAIL:</b>                                                                                                      | Business owner                                                                                                                                                     |                               |                 |                                                      |
| CHECKLIST OF REQUIREMENTS                                                                                                  |                                                                                                                                                                    | WHERE TO SECURE               |                 |                                                      |
| 1. Order of payment                                                                                                        |                                                                                                                                                                    | -City Treasurer's Office      |                 |                                                      |
| CLIENT STEPS                                                                                                               | AGENCY ACTION                                                                                                                                                      | FEES TO BE PAID               | PROCESSING TIME | PERSON RESPONSIBLE                                   |
| 1. None                                                                                                                    | 1. Monitor and record daily slaughter activity. Submit the daily transaction report to the Business Tax section. Encode daily transaction report of the inspector. | None                          | Daily           | Treasury Inspector<br><br>Revenue Collection Clerk I |
| 2. Secure Order of payment                                                                                                 | 2. Prepare order of payment on a monthly basis                                                                                                                     | none                          | 2 minutes       | Revenue Collection Clerk I                           |
| 3. Proceed to Treasurer's Office-Window 11,12 or 13 and pay the corresponding amount as indicated in the order of payment. | 3. Accept the order of payment and issue O.R.                                                                                                                      | Based on the order of payment | 2 minutes       | Revenue Collection Clerk                             |
| 4. Proceed to Treasurer's Office -Business Permit and Licensing section and submit the Official                            | 4. Receive the Official Receipt and record the payment                                                                                                             | none                          | 1 minute        | Revenue Collection Clerk                             |

|                                |               |                                      |                                  |  |
|--------------------------------|---------------|--------------------------------------|----------------------------------|--|
| Receipt for recording purposes |               |                                      |                                  |  |
|                                | <b>TOTAL:</b> | <b>Based on the Order of Payment</b> | <b>Payment process 5 minutes</b> |  |

## 15. FEES AND CHARGES: HOSPITAL FEES (ACHS Annexes)

|                                                         |                                                                        |                                     |                            |                               |
|---------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                            | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                            |                               |
| <b>CLASSIFICATION:</b>                                  | Simple                                                                 |                                     |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                        | G2C – Government to Citizen                                            |                                     |                            |                               |
| <b>WHO MAY AVAIL:</b>                                   | Patient                                                                |                                     |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                        |                                                                        | <b>WHERE TO SECURE</b>              |                            |                               |
| 1. Order of payment                                     |                                                                        | -RPHS Annex I                       |                            |                               |
| <b>CLIENT STEPS</b>                                     | <b>AGENCY ACTION</b>                                                   | <b>FEES TO BE<br/>PAID</b>          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                              | 1. Issue order of payment                                              | None                                | 2 minutes                  | RPHS Annex I Officer          |
| 2. Proceed to Treasury Cashier assigned at the hospital | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes                  | Treasury Cashier              |
|                                                         | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>           |                               |

## 16. FEES AND CHARGES: SANITATION AND HEALTH CERTIFICATE

|                                                |                                                                        |                                     |                            |                               |
|------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                   | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                            |                               |
| <b>CLASSIFICATION:</b>                         | Simple                                                                 |                                     |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>               | G2C – Government to Citizen                                            |                                     |                            |                               |
| <b>WHO MAY AVAIL:</b>                          | All Antipolo City Residents                                            |                                     |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>               |                                                                        | <b>WHERE TO SECURE</b>              |                            |                               |
| 1. Order of payment                            |                                                                        | -City Health Officer                |                            |                               |
| <b>CLIENT STEPS</b>                            | <b>AGENCY ACTION</b>                                                   | <b>FEES TO BE<br/>PAID</b>          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                     | 1. Issue order of payment                                              | None                                | 2 minutes                  | Health Officer                |
| 2. Proceed to Treasury Cashier assigned at CHO | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes                  | Treasury Cashier              |
|                                                | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>           |                               |

## 17. FEES AND CHARGES: OPSS

|                                                 |                                                                        |                                     |                            |                               |
|-------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                    | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                            |                               |
| <b>CLASSIFICATION:</b>                          | Simple                                                                 |                                     |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                | G2C – Government to Citizen                                            |                                     |                            |                               |
| <b>WHO MAY AVAIL:</b>                           | Individuals who committed traffic violation                            |                                     |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                |                                                                        | <b>WHERE TO SECURE</b>              |                            |                               |
| 1. Order of payment                             |                                                                        | -OPSS Officer                       |                            |                               |
| <b>CLIENT STEPS</b>                             | <b>AGENCY ACTION</b>                                                   | <b>FEES TO BE<br/>PAID</b>          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                      | 1. Issue order of payment                                              | None                                | 2 minutes                  | OPSS Officer                  |
| 2. Proceed to Treasury Cashier assigned at OPSS | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes                  | Treasury Cashier              |
|                                                 | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>           |                               |

## 18. PAYMENT OF MAYOR'S PERMIT

|                                                                                                 |                                                                        |                                     |                            |                               |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                    | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                            |                               |
| <b>CLASSIFICATION:</b>                                                                          | Simple                                                                 |                                     |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                    | G2C – Government to Citizen                                            |                                     |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                           | All Antipolo City Residents                                            |                                     |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                |                                                                        | <b>WHERE TO SECURE</b>              |                            |                               |
| 1. Order of payment                                                                             |                                                                        | -Concerned Office                   |                            |                               |
| <b>CLIENT STEPS</b>                                                                             | <b>AGENCY ACTION</b>                                                   | <b>FEES TO<br/>BE PAID</b>          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                                                                      | 1. Issue order of payment                                              | None                                | 2 minutes                  | Concerned Office              |
| 2. Proceed to Treasury Window 11, 12 or 13 and pay the amount indicated in the order of payment | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes                  | Treasury Cashier              |
|                                                                                                 | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>           |                               |

## 19. PAYMENT OF CIVIL REGISTRY FEES

|                                                                                                 |                                                                        |                                     |                            |                               |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                    | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                            |                               |
| <b>CLASSIFICATION:</b>                                                                          | Simple                                                                 |                                     |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                    | G2C – Government to Citizen                                            |                                     |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                           | All Antipolo City Residents                                            |                                     |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                |                                                                        | <b>WHERE TO SECURE</b>              |                            |                               |
| 1. Order of payment                                                                             |                                                                        | -Local Civil Registrar's office     |                            |                               |
| <b>CLIENT STEPS</b>                                                                             | <b>AGENCY ACTION</b>                                                   | <b>FEES TO<br/>BE PAID</b>          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                                                                      | 1. Issue order of payment                                              | None                                | 2 minutes                  | LCR Officer                   |
| 2. Proceed to Treasury Window 11, 12 or 13 and pay the amount indicated in the order of payment | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes                  | Treasury Cashier              |
|                                                                                                 | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>           |                               |

**20. PAYMENT OF SECRETARY'S FEES (Certification and other copies of any official documents)**

|                                                                                                 |                                                                                       |                                     |                        |                            |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------|------------------------|----------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                    | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION                |                                     |                        |                            |
| <b>CLASSIFICATION:</b>                                                                          | Simple                                                                                |                                     |                        |                            |
| <b>TYPES OF TRANSACTION:</b>                                                                    | G2C – Government to Citizen                                                           |                                     |                        |                            |
| <b>WHO MAY AVAIL:</b>                                                                           | All Tax payers who request certificate and certified true copies of official receipts |                                     |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                |                                                                                       | <b>WHERE TO SECURE</b>              |                        |                            |
| 1. Order of payment                                                                             |                                                                                       | -Concerned Office                   |                        |                            |
| <b>CLIENT STEPS</b>                                                                             | <b>AGENCY ACTION</b>                                                                  | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Secure Order of Payment                                                                      | 1. Issue order of payment                                                             | None                                | 2 minutes              | Concerned Office           |
| 2. Proceed to Treasury Window 11, 12 or 13 and pay the amount indicated in the order of payment | 2. Receive order of payment and issue official receipt.                               | Base on the order of payment        | 2 minutes              | Revenue Collection Clerk I |
|                                                                                                 | <b>TOTAL:</b>                                                                         | <b>Base on the order of payment</b> | <b>4 minutes</b>       |                            |



## 21. COLLECTION ON RENTAL FEES: Global Titans/Planet Drugstore

| <b>OFFICE/<br/>DIVISION:</b>                                                                    | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                                   |                  |                             |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------|------------------|-----------------------------|
| <b>CLASSIFICATION:</b>                                                                          | Simple                                                                 |                                                   |                  |                             |
| <b>TYPES OF TRANSACTION:</b>                                                                    | G2B – Government to Citizen                                            |                                                   |                  |                             |
| <b>WHO MAY AVAIL:</b>                                                                           |                                                                        |                                                   |                  |                             |
| CHECKLIST OF REQUIREMENTS                                                                       |                                                                        | WHERE TO SECURE                                   |                  |                             |
| 1. Order of payment                                                                             |                                                                        | -City Treasury Office-Revenue Generation Division |                  |                             |
| CLIENT STEPS                                                                                    | AGENCY ACTION                                                          | FEES TO BE PAID                                   | PROCESSING TIME  | PERSON RESPONSIBLE          |
| 1. Secure Order of Payment                                                                      | 1. Issue order of payment                                              | None                                              | 2 minutes        | Revenue Generation Division |
| 2. Proceed to Treasury Window 11, 12 or 13 and pay the amount indicated in the order of payment | 2. Receive order of payment and issue official receipt.                | Base on the order of payment                      | 2 minutes        | Revenue Collection Clerk I  |
|                                                                                                 | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b>               | <b>4 minutes</b> |                             |

## 22. FEES AND CHARGES: C.E.W.M.O.

|                                                                                                 |                                                                        |                                     |                            |                               |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                    | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                            |                               |
| <b>CLASSIFICATION:</b>                                                                          | Simple                                                                 |                                     |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                    | G2B – Government to Citizen                                            |                                     |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                           | Transacting individual                                                 |                                     |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                |                                                                        | <b>WHERE TO SECURE</b>              |                            |                               |
| 1. Order of payment                                                                             |                                                                        | -C.E.W.M.O. Officer                 |                            |                               |
| <b>CLIENT STEPS</b>                                                                             | <b>AGENCY ACTION</b>                                                   | <b>FEES TO<br/>BE PAID</b>          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                                                                      | 1. Issue order of payment                                              | None                                | 2 minutes                  | C.E.W.M.O. Officer            |
| 2. Proceed to Treasury Window 11, 12 or 13 and pay the amount indicated in the order of payment | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes                  | Revenue Collection Clerk I    |
|                                                                                                 | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>           |                               |

### 23. FEES AND CHARGES: Building and other Construction Permit Fees

|                                                                                                 |                                                                        |                                     |                            |                               |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                    | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                            |                               |
| <b>CLASSIFICATION:</b>                                                                          | Simple                                                                 |                                     |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                    | G2B – Government to Citizen                                            |                                     |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                           | All Antipolo City Residents and Business owners                        |                                     |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                |                                                                        | <b>WHERE TO SECURE</b>              |                            |                               |
| 1. Order of payment                                                                             |                                                                        | -Concerned Office                   |                            |                               |
| <b>CLIENT STEPS</b>                                                                             | <b>AGENCY ACTION</b>                                                   | <b>FEES TO<br/>BE PAID</b>          | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                                                                      | 1. Issue order of payment                                              | None                                | 2 minutes                  | Concerned Office              |
| 2. Proceed to Treasury Window 11, 12 or 13 and pay the amount indicated in the order of payment | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes                  | Revenue Collection Clerk I    |
|                                                                                                 | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>           |                               |

## 24. FEES AND CHARGES: Excavation Permit Fees

| <b>OFFICE/<br/>DIVISION:</b>                                                                   | CITY TREASURER'S OFFICE (CTO)<br>CASH RECEIPTS AND COLLECTION DIVISION |                                     |                    |                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------|--------------------|----------------------------|
| <b>CLASSIFICATION:</b>                                                                         | Simple                                                                 |                                     |                    |                            |
| <b>TYPES OF TRANSACTION:</b>                                                                   | G2B – Government to Citizen                                            |                                     |                    |                            |
| <b>WHO MAY AVAIL:</b>                                                                          | All Antipolo City Residents                                            |                                     |                    |                            |
| CHECKLIST OF REQUIREMENTS                                                                      |                                                                        | WHERE TO SECURE                     |                    |                            |
| 1. Order of payment                                                                            |                                                                        | -Concerned Office                   |                    |                            |
| CLIENT STEPS                                                                                   | AGENCY ACTION                                                          | FEES TO<br>BE PAID                  | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE      |
| 1. Secure Order of Payment                                                                     | 1. Issue order of payment                                              | None                                | 2 minutes          | Concerned office           |
| 2. Proceed to Treasury Window 11,12 or 13 and pay the amount indicated in the order of payment | 2. Receive order of payment and issue official receipt.                | Base on the order of payment        | 2 minutes          | Revenue Collection Clerk I |
|                                                                                                | <b>TOTAL:</b>                                                          | <b>Base on the order of payment</b> | <b>4 minutes</b>   |                            |

## 25. PAYMENT OF CITY'S OBLIGATION

Disburse through releasing of checks

|                                                                                                            |                                                                                |                                |                            |                                   |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------|----------------------------|-----------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                               | CITY TREASURER'S OFFICE<br>Cash Disbursement Division                          |                                |                            |                                   |
| <b>CLASSIFICATION:</b>                                                                                     | Simple                                                                         |                                |                            |                                   |
| <b>TYPES OF TRANSACTION:</b>                                                                               | G2C – Government to Citizen;<br>G2B – Government to Business                   |                                |                            |                                   |
| <b>WHO MAY AVAIL:</b>                                                                                      | National and Local Government Agencies and Business sectors                    |                                |                            |                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                           |                                                                                | <b>WHERE TO SECURE</b>         |                            |                                   |
| 1. Official Receipt<br>2. Photocopy of Company ID of Collector<br>3. Authorization letter from the Company |                                                                                | -Authorized Person             |                            |                                   |
| <b>CLIENT STEPS</b>                                                                                        | <b>AGENCY ACTION</b>                                                           | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>     |
| 1. Submit the requirements to window 14                                                                    | 1. Verify the requirements submitted                                           | None                           | 1 minute                   | Releasing<br>Officer<br>Window 14 |
| 2. Issue Official Receipt and signed in the check register and voucher                                     | 2. Accept the Official Receipt and verify the indicated amount and information |                                | 2 minutes                  |                                   |
| 3. Claim the Check                                                                                         | 3. Release the Check                                                           |                                |                            |                                   |
|                                                                                                            | <b>TOTAL:</b>                                                                  |                                | <b>3 minutes</b>           |                                   |

## 26. PAYMENT OF CITY'S OBLIGATION

Disburse through releasing of cash

|                                                                                                                                      |                                                           |                                                                      |                            |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|----------------------------|--------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                         | CITY TREASURER'S OFFICE<br>Cash Disbursement Division     |                                                                      |                            |                                |
| <b>CLASSIFICATION:</b>                                                                                                               | Simple                                                    |                                                                      |                            |                                |
| <b>TYPES OF TRANSACTION:</b>                                                                                                         | G2C – Government to Citizen;                              |                                                                      |                            |                                |
| <b>WHO MAY AVAIL:</b>                                                                                                                | Employees of the City Government, Antipolo City Residents |                                                                      |                            |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                     |                                                           | <b>WHERE TO SECURE</b>                                               |                            |                                |
| 1. 1 Valid ID<br><i>For Representative</i><br>1. Authorization letter<br>2. Valid ID of the Client and its authorized representative |                                                           | -Client<br><br>-Client<br>- Client and its authorized representative |                            |                                |
| <b>CLIENT STEPS</b>                                                                                                                  | <b>AGENCY ACTION</b>                                      | <b>FEES TO<br/>BE PAID</b>                                           | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>  |
| 1. Submit the requirements to window 14                                                                                              | 1. Verify the requirements submitted.                     | None                                                                 | 1 minute                   | Releasing Officer<br>Window 14 |
| 2. Sign the payroll and receive the cash payment                                                                                     | 2. Verify the signature and release the cash              |                                                                      | 2 minutes                  |                                |
|                                                                                                                                      | <b>TOTAL:</b>                                             |                                                                      | <b>3 minutes</b>           |                                |

## 27. PUBLIC AUCTION SALE OF DELINQUENT PROPERTIES

### Section 2A.07 Administrative Provisions.

**Sec. 2A.07.A.5 Remedies for the Collection of Real Property Tax.** For the collection of the basic real property tax and any other levied under this Article, the City may avail of the remedies by administrative action through levy on real property and sale of real property by public auction or by judicial action.

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                   |                        |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                        | CITY TREASURER'S OFFICE<br>Revenue Generation Division                                       |                                                                                                   |                        |                                     |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                              | Highly technical                                                                             |                                                                                                   |                        |                                     |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen;                                                                 |                                                                                                   |                        |                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                               | Antipolo City Residents-Real property owners with delinquent account                         |                                                                                                   |                        |                                     |
| <b>Requirements for Registration of Bidder</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                              | <b>WHERE TO SECURE</b>                                                                            |                        |                                     |
| 1. For private individual<br>1.1 Xerox copy of 2 valid ID<br><i>For Authorized Representative:</i><br>Special Power of Attorney (SPA)<br>Copy of valid ID<br>2. For Corporation, Association and Incorporation<br>2.1 SEC proof of registration<br>2.2 Copy of valid ID<br><i>For authorized representative:</i><br>Secretary's Certificate<br>Board resolution<br>Copy of valid ID |                                                                                              | -Client<br><br>-Client<br>-Client and its authorized representative<br><br>-Client<br><br>-Client |                        |                                     |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>AGENCY ACTION</b>                                                                         | <b>FEES TO BE PAID</b>                                                                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. For Bidders- Secure order payment for bidder's Bond and registration fee                                                                                                                                                                                                                                                                                                         | 1. Issue order of payment                                                                    | None                                                                                              | 10 minutes             | Revenue Generation Division Officer |
| 2. Proceed to window 11 and pay the corresponding amount as indicated in the order of payment.                                                                                                                                                                                                                                                                                      | 2. Receive the order of payment and collect the amount as indicated in the order of payment. | Registration Fee-2,500.00<br>Bidder's Bond-200,000.00                                             | 5 minutes              | Revenue Collection Clerk            |
| 3. Attend the Public Auction Bidding                                                                                                                                                                                                                                                                                                                                                | 3. Conduct Public Auction                                                                    | None                                                                                              | 8 Hours                | Revenue Generation Division         |
| 4. For Winning Bidders-secure order of payment                                                                                                                                                                                                                                                                                                                                      | 4. Issue order of payment for winning bidders.                                               |                                                                                                   | 30 minutes             | RPT Officer                         |
| 5. Proceed to Cashier and pay the corresponding Bid price.                                                                                                                                                                                                                                                                                                                          | 5. Receive the order of payment and collect the payment as                                   |                                                                                                   | 5 minutes per RPU's    |                                     |

|                                                                                             | indicated in in the order of payment.                                                                                                                                                                                                                                                                                                                      | Based on the order of payment |                                           | Revenue Collection Clerk                |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|-----------------------------------------|
| 2 weeks After the auction:                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                               |                                           |                                         |
| 6. Secure Certificate of Sale have it notarized and wait for the one-year redemption period | 6. Issue a Certificate of Sale to the winning bidder                                                                                                                                                                                                                                                                                                       | None                          | 10 minutes                                | RPT Officer Revenue Generation Division |
| Within the one-year redemption period:                                                      |                                                                                                                                                                                                                                                                                                                                                            |                               |                                           |                                         |
|                                                                                             | Prepare and send Notice of Right to Redeem to foreclosed property owner.                                                                                                                                                                                                                                                                                   | None                          | 1-2 weeks after the auction               | RPT Officers                            |
|                                                                                             | Prepare and submit the Report of Sale to the ff. offices:<br>1. Office of the Mayor<br>2. Office of the Vice Mayor<br>3. Office of the Administrator<br>4. Office of the Sangguniang Panlungsod<br>5. City Legal office<br>6. CDPO<br>7. City Assessor's Office<br>8. General Services Office<br>9. City Engineering Office<br>10. City Treasurer's Office | None                          | 1 to 2 days                               | RPT Officers                            |
| For the owner of the foreclosed property                                                    |                                                                                                                                                                                                                                                                                                                                                            |                               |                                           |                                         |
| 7. Receive and secure Notice of Right to Redeem.                                            | 7. Issue/ distribute the Right to Redeem                                                                                                                                                                                                                                                                                                                   | None                          | Depends on the location of property owner | RPT Officers And Tax Campaigners        |
| To redeem the foreclosed property;                                                          |                                                                                                                                                                                                                                                                                                                                                            |                               |                                           |                                         |
| 8. Secure order of payment                                                                  | 8. Prepare order of payment.                                                                                                                                                                                                                                                                                                                               |                               |                                           |                                         |



|                                                           |                                                    |                                          |                         |                   |
|-----------------------------------------------------------|----------------------------------------------------|------------------------------------------|-------------------------|-------------------|
| 9. Proceed to window 8 and pay the corresponding tax due. | 9. Receive the payment and issue Official Receipt. | None                                     | 10 minutes              | RPT Officers      |
| 10. Proceed to window 11 and pay the publication cost.    | 10. Receive the payment and issue official receipt | As indicated in the statement of account | 5 minutes               | Revenue Collector |
|                                                           |                                                    | 5,000.00                                 | 3 minutes               | Revenue Collector |
| After the one-year redemption period                      | 13. Prepare and issue Deed of Conveyance           |                                          | 10 minutes              |                   |
| 11. Secure a Deed of Conveyance and have it notarized.    |                                                    | None                                     |                         | RPT Officer       |
|                                                           | <b>TOTAL:</b>                                      |                                          | <b>More than 1 year</b> |                   |

## 28. FILING OF COMPLAINT

Clients of the City Treasurer's Office may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during their transactions at CTO.

| <b>OFFICE/<br/>DIVISION:</b>                                                                          | CITY TREASURER'S OFFICE<br>All Divisions                                                                                   |                                          |                             |                        |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|------------------------|
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                                                                     |                                          |                             |                        |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                      | G2C – Government to Citizen                                                                                                |                                          |                             |                        |
| <b>WHO MAY AVAIL:</b>                                                                                 | CTO clients                                                                                                                |                                          |                             |                        |
| CHECKLIST OF REQUIREMENTS                                                                             |                                                                                                                            | WHERE TO SECURE                          |                             |                        |
| 1. Duly accomplished Complaint Form – Original copy<br>2. Any government-issued ID card – 1 photocopy |                                                                                                                            | - CTO Administrative Section<br>- Client |                             |                        |
| CLIENT STEPS                                                                                          | AGENCY ACTION                                                                                                              | FEES<br>TO BE<br>PAID                    | PROCESSING<br>TIME          | PERSON<br>RESPONSIBLE  |
| 1. Submit the requirements.                                                                           | 1. Receive the requirements and verify the nature of the complaint.                                                        | None                                     | 4 minutes                   | Administrative Staff   |
| 1.1 Proceed to the CTO Section concerned for an interview/dialogue.                                   | 1.1 Endorse the complaint to the CTO Section Head concerned.                                                               | None                                     | 1 minute                    | Administrative Staff   |
| 2. Provide details of the complaint.                                                                  | 2. Interview the client and/or conduct dialogue with the CTO staff concerned.                                              | None                                     | 10-20 minutes               | Section Head concerned |
| 2.1 Obtain the desired resolution of the complaint.                                                   | 2.1 Resolve the issues and concerns raised by the client.                                                                  | None                                     | 5-15 minutes                | City Treasurer         |
| 2.2 None                                                                                              | 2.2 Prepare the minutes of the interview/ dialogue to be noted by the CTO Head.                                            | None                                     | 5-10 minutes                |                        |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy.                        | 3. Provide the client with a copy of the minutes of the dialogue and ensure that the client has signed the receiving copy. | None                                     | 5 minutes                   | Administrative Staff   |
| <b>TOTAL:</b>                                                                                         |                                                                                                                            | <b>None</b>                              | <b>30 minutes to 1 hour</b> |                        |



# **City Veterinary Office**

## **External Services**



## 1. ISSUANCE OF VETERINARY HEALTH CERTIFICATE (VHC) FOR LOCAL TRANSPORT OF LIVE ANIMALS, ANIMAL PRODUCTS AND BY-PRODUCTS

To ensure that live animals, animal products and by-products are free from animal borne diseases and safe for intra-regional / inter-regional / inter-island shipment, shippers of live animals, animal products and by-products are required to secure Veterinary Health Certificate (VHC) from the City Veterinary Office (CVO) prior to the issuance of Shipping Permit by competent authorities as provided for in Memorandum Circular No. 26, Series of 2017 issued by the Bureau of Animal Industry (BAI). The Veterinary Health Certificate shall be valid for three (3) calendar days upon its date of issuance.

Note: "Transacting clients shall observe proper health protocols adopted by the Civil Service Commission in view of the COVID-19 pandemic".

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                        | CITY VETERINARY OFFICE<br>ANIMAL HEALTH AND WELFARE DIVISION /<br>LIVESTOCK PRODUCTION          |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                              | Simple                                                                                          |                                                                                          |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                    | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                               | All                                                                                             |                                                                                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                           |                                                                                                 | WHERE TO SECURE                                                                          |
| <i>For Small Animals (Dog and Cat):</i><br>1. Updated Vaccination Record of pets (Anti-rabies, DHLPPi, etc.) – Original and 1 photocopy                                                                                                                                             |                                                                                                 | - Private veterinarian / City Veterinary Office                                          |
| <i>For Poultry:</i><br>1. Bird Flu Free Certificate – 1 photocopy<br>2. Veterinary Health Certificate (if issued by private veterinarian, (to be) concurred by Government Veterinarian) – 1 photocopy<br>3. Application for RSBSA                                                   |                                                                                                 | - Bureau of Animal Industry (BAI)<br>- Private Veterinarian / City Veterinary Office     |
| <i>For Small and Large Ruminants:</i><br>1. Barangay Clearance – 1 photocopy<br>2. Police Clearance – 1 photocopy<br>3. Deed of Sale / Certificate of Ownership – 1 photocopy<br>4. Livestock Handler's Permit – 1 photocopy<br>5. Application for RSBSA                            |                                                                                                 | - Barangay Hall<br>- Antipolo City Police Station<br>- Private Veterinarian<br><br>- BAI |
| <i>For Hogs:</i><br>1. Veterinary Health Certificate issued by Private Veterinarian (to be) concurred by Government Veterinarian – Original and 1 photocopy<br>2. Shipping Permit – for meats coming from other province<br>3. ASF Negative Monitoring Report<br>4. ASF Certificate |                                                                                                 | - Private Veterinarian / City Veterinary Office<br><br>- BAI<br>- BAI<br>- BAI           |

| <b>5. Application for RSBSA</b><br><br><i>For Commercial Breeder:</i><br>1. BAI Certificate of Game Fowl – Original<br>2. Farm Accreditation – 1 photocopy<br>3. Updated Avian Influenza Test Result – 1 photocopy<br>4. Updated New Castle Vaccination (NCD) Certificate – 1 photocopy<br>5. Veterinary Health Certificate (if issued by private veterinarian, (to be) concurred by Government Veterinarian) – 1 photocopy |                                                                                                                                                                                         | - BAI<br>- BAI<br>- BAI<br><br>- BAI<br><br>- Private Veterinarian / City Veterinary Office |                   |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------|--------------------------|
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                | AGENCY ACTION                                                                                                                                                                           | FEES TO BE PAID                                                                             | PROCESSING TIME   | PERSON RESPONSIBLE       |
| 1. Submit the requirements to the City Veterinary Office and submit to interview.                                                                                                                                                                                                                                                                                                                                           | 1. Receive the requirements and interview the client.                                                                                                                                   | None                                                                                        | 5 minutes         | Veterinarian             |
| 1.1 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                | 1.1 Issue the Order of Payment.                                                                                                                                                         |                                                                                             |                   |                          |
| 2. Pay the required fees to the Cashier by showing the Order of Payment.                                                                                                                                                                                                                                                                                                                                                    | 2. Accept the payment based on the Order of Payment.                                                                                                                                    | PHP 100.00/ certificate                                                                     | 20 minutes        | Revenue Collection Clerk |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                                                                                                                                                                                | 2.1 Issue the Official Receipt.                                                                                                                                                         | None                                                                                        |                   |                          |
| 3. Return to the City Veterinary Office and show the Official Receipt.                                                                                                                                                                                                                                                                                                                                                      | 3. Check the Official Receipt.                                                                                                                                                          | None                                                                                        | 5 minutes         | Veterinarian             |
| 3.1 Receive the Veterinary Health Certificate.<br><br>Note: Veterinary Health Certificate is a requirement for Local Shipping Permit.                                                                                                                                                                                                                                                                                       | 3.1 Issue the Veterinary Health Certificate.<br><br>Advise client to secure Local Shipping Permit from BAI–NVQSD via online at <a href="http://nvqsd.bai.gov.ph">nvqsd.bai.gov.ph</a> . |                                                                                             |                   |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>TOTAL:</b>                                                                                                                                                                           | <b>PHP 100.00/ certificate</b>                                                              | <b>30 minutes</b> |                          |

**FOR POULTRY, GAMEFOWLS AND OTHER AVIAN SPECIES:**

| CLIENT STEPS                                       | AGENCY ACTION                                                    | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----------------------------------------------------|------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Request for a schedule of Sample Collection and | 1. Set the schedule of Sample Collection and NCD Vaccination and | None            | 3 days          | Veterinarian       |

|                                                                                                                                                        |                                                                                                                                          |                                     |                |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------|---------------------------------------|
| Newcastle Disease (NCD) Vaccination.                                                                                                                   | advise the client on the preparation of samples and materials to be used for sample collection.                                          |                                     |                |                                       |
| 2. Submit avian species to sample collection as scheduled:<br><br>a. 1 to 10 heads at the City Veterinary Office<br>b. More than 10 heads at the farm. | 2. Conduct the sample collection and NCD vaccination.<br><br>2.1 application to RSBSA (reference number needed to claim result from BAI) | None                                |                | Veterinarian/<br>Livestock Technician |
| 3. Submit the samples to the Veterinary Laboratory Division of the Bureau of Animal Industry for Laboratory Test.                                      | 3. Conduct Laboratory Test of the samples.                                                                                               | None                                | 15 days        | Veterinary Laboratory Division-BAI    |
| 4. Return to the City Veterinary Office and show the Laboratory Test Result or Bird Flu Certification from BAI<br><br>4.1 Secure Order of Payment.     | 4. Receive and check the documents.<br><br>4.1 Issue the Order of Payment.                                                               | None<br><br>None                    | 1 day          | Veterinarian                          |
| 5. Pay the required fees to the Cashier by showing the Order of Payment.<br><br>5.1 Secure Official Receipt.                                           | 5. Accept the payment based on the Order of Payment.<br><br>5.1 Issue the Official Receipt.                                              | PHP 100.00/ certificate<br><br>None |                | Revenue Collection Clerk              |
| 6. Return to the City Veterinary Office, show the Official Receipt and secure the Veterinary Health Certificate.                                       | 6. Check the Official Receipt and issue the Veterinary Health Certificate.                                                               |                                     |                | Veterinarian                          |
|                                                                                                                                                        | <b>TOTAL:</b>                                                                                                                            | <b>PHP 100.00/ certificate</b>      | <b>19 days</b> |                                       |



# **Office of the Building Official**

## **External Services**



## 1. ISSUANCE OF BUILDING AND ANCILLARY PERMITS

The Office of the Building Official (OBO) regulates the construction, repair, and improvement of various structures in the City of Antipolo based on the guidelines provided in P.D. 1096 otherwise known as the National Building Code of the Philippines (NBCP).

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and issuance of approved permits.

Simple Application for Building Permits and Certificates of Occupancy refers to applications for any of the following structures, whose floor area shall not exceed 1,500 square meters:

- Single dwelling residential building of not more than three (3) floors/storeys;
- Commercial buildings of not more than two (2) floors/storeys;
- Renovation within mall with issued building permit; and
- Warehouse storing non-hazardous substance.

|                                                                                                                                             |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                   | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION (EPD)                                          |
| <b>CLASSIFICATION:</b>                                                                                                                      | Simple / Complex                                                                                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                       | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                            | <b>WHERE TO SECURE</b>                                                                                               |
| <b>A. Documentary (1 original and 2 photocopies)</b>                                                                                        |                                                                                                                      |
| 1. Duly accomplished application form                                                                                                       | - Office of the Building Official                                                                                    |
| 2. Certified true copy of land title (TCT/OCT)<br><i>In case the TCT is not yet in the name of the applicant, in addition to the above:</i> | - Registry of Deeds-Antipolo City                                                                                    |
| 2.1. Deed of Absolute Sale                                                                                                                  | - Applicant/Lot Owner                                                                                                |
| 2.2. Contract to Sell                                                                                                                       | - Applicant/Lot Owner                                                                                                |
| 2.3. Lease Contract                                                                                                                         | - Applicant/Lessor                                                                                                   |
| 2.4. Extrajudicial Settlement or notarized consent from Heirs<br><i>(in case of deceased land owner)</i>                                    | - Applicant                                                                                                          |
| 2.5. Usufruct Agreement                                                                                                                     | - Applicant/Lot Owner                                                                                                |
| 3. Any government-issued ID card of owner/ applicant with signature                                                                         | - Applicant/Lot Owner                                                                                                |
| 4. For representative of the applicant, either of the following documents, duly notarized:                                                  |                                                                                                                      |
| 4.1. Special Power of Attorney (SPA)                                                                                                        | - Lot owner                                                                                                          |



|                                                                           |                                    |
|---------------------------------------------------------------------------|------------------------------------|
| 4.2. Secretary's Certificate with Board Resolution (if under Corporation) | - Corporate Secretary              |
| 4.3. Consent of co-owners                                                 | - Authorization from Co-Lot Owners |

| CHECKLIST OF REQUIREMENTS                                                                                                                                           | WHERE TO SECURE                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| (if TCT is under multiple ownership)<br>5. Certified true copy of Tax Declaration<br>6. Updated Tax Receipt and Tax Clearance<br>7. Barangay Construction Clearance | - City Assessor's Office<br>City Treasurer's Office<br>Zoning Administrator's Office                               |
| 8. HOA Clearance (for Building Permit)<br>9. Occupation/Work Permit                                                                                                 | - Homeowner's Association (HOA) President or their authorized representative<br>- Public Employment Service Office |
| 10. DOLE Clearance<br><i>(Construction Safety and Health Program)</i>                                                                                               | - DOLE Rizal                                                                                                       |
| 11. DPWH Clearance (if the project is along national road and creek)                                                                                                | - Rizal 1 <sup>st</sup> District Engineering Office (DPWH)                                                         |
| 12. DENR/CEWMO Clearance (permit to cut trees)                                                                                                                      | - DENR / CEWMO                                                                                                     |
| <i>For Commercial/Industrial (if applicable and upon evaluation):</i>                                                                                               |                                                                                                                    |
| 13. LLDA Clearance                                                                                                                                                  | - Laguna Lake Development Authority (LLDA) / <a href="http://llda.gov.ph">llda.gov.ph</a>                          |
| 14. EMB Clearance                                                                                                                                                   | - Environmental Management Bureau/ <a href="http://emb.gov.ph">emb.gov.ph</a>                                      |
| 15. DOH Clearance – Permit to Construct for Clinics/Hospitals and Radiation Protection Evaluation Report for Cell site Tower                                        | - Department of Health (DOH)                                                                                       |
| 16. DOTr Clearance                                                                                                                                                  | - Department of Transportation (DOTr)                                                                              |
| 17. CAAP Clearance                                                                                                                                                  | - Civil Aviation Authority of the Philippines (CAAP)                                                               |
| 18. Clearance from MGB                                                                                                                                              | - Mines and Geosciences Bureau (MGB)                                                                               |
| 19. Locational Clearance                                                                                                                                            | - Zoning Administrator's Office                                                                                    |
| 20. Fire Safety Evaluation Clearance                                                                                                                                | - Antipolo City Fire Station                                                                                       |
| 21. Clearance from other National Government Offices<br><i>(for special cases)</i>                                                                                  |                                                                                                                    |
| 22. Photos of project site                                                                                                                                          | - Applicant/Lot owner                                                                                              |
| <b>B. Technical – Four (4) sets of Survey Plans, Design Plans, Specifications, and other documents as follows:</b>                                                  | <b>- Respective Design Professionals (Private Practitioner)</b>                                                    |
| <b>1. Line and Grade / Geodetic Documents</b>                                                                                                                       |                                                                                                                    |
| 1.1. Lot Survey Plans, including but not limited to:                                                                                                                |                                                                                                                    |
| 1.1.1. Vicinity Map / Location Plan                                                                                                                                 |                                                                                                                    |
| 1.1.2. Lot Plan                                                                                                                                                     |                                                                                                                    |
| 1.1.3 Relocation Survey Plan and Report                                                                                                                             |                                                                                                                    |
| 1.1.4 Line and Grade                                                                                                                                                | - Registered Geodetic Engineer                                                                                     |

|                                                                                                                                                                                                                                                                           |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>2. Architectural Documents</b>                                                                                                                                                                                                                                         |                                                                                         |
| 2.1. Design Plans for facilities/access for Persons with Disability (PWD) pursuant to BP Blg.344 (Accessibility Law) for buildings and related structures for public use to include multiple dwelling units whether government or privately owned                         | - Registered Architect                                                                  |
| 2.2. Floor plan, elevation and section plans, Site development plan, location plan, perspective plan and other plans and details                                                                                                                                          |                                                                                         |
| 2.3. Notarized estimate value of the building/ structure to be erected as declared by the owner and by the architect (signed and sealed)                                                                                                                                  |                                                                                         |
| 2.4. Technical Specifications signed and sealed by duly licensed Architect                                                                                                                                                                                                |                                                                                         |
| <b>3. Structural Documents</b>                                                                                                                                                                                                                                            |                                                                                         |
| 3.1. Structural Plans                                                                                                                                                                                                                                                     | - Registered Civil Engineer                                                             |
| 3.2. Soil Investigation Report for 3 storeys and above (including basement) and for lower buildings/ structures at areas with potential geological/ geotechnical hazards<br><i>*With photos of actual Soil Boring (geotagged) and soil sampling</i>                       | - Registered Civil/<br>Geotechnical Engineer/<br>Geotechnical Engineering<br>Consultant |
| 3.2.1. Notarized Sworn Statement of accountability (NSCP 2015 Sec. 304.1)<br>a. With brief resume of the affiant<br><i>*i.e. Name, age, address, profession, position [in case of company]</i><br>b. Includes statement that an actual Soil Boring was performed on site. |                                                                                         |
| 3.4 Structural Analysis and Design Computation [with design summary] (for 2 storeys and above) *<br><i>*One-storey structures of more than 20sq.m. may be required upon evaluation</i><br><i>*Must be properly secured/bounded to avoid detachment of pages.</i>          |                                                                                         |
| 3.4.1. If computer-generated structural analysis, attach Certification as per Sec. 1903 of NBCP “Submission of Computer-Generated Computation”                                                                                                                            | - Registered Civil Engineer                                                             |
| 3.5 Technical Specifications signed and sealed by duly licensed civil engineer                                                                                                                                                                                            |                                                                                         |
| <b>4. Electrical Documents</b>                                                                                                                                                                                                                                            |                                                                                         |
| 4.1. Electrical Plan signed and sealed by professional electrical engineer                                                                                                                                                                                                | - Professional Electrical<br>Engineer                                                   |
| 4.2. Electrical Design Analysis [for residential (if 3-Phase), and all commercial, and industrial structures]                                                                                                                                                             |                                                                                         |
| 4.3 Technical Specifications signed and sealed by Professional Electrical Engineer                                                                                                                                                                                        |                                                                                         |
| <b>5. Mechanical Documents</b>                                                                                                                                                                                                                                            |                                                                                         |
| 5.1 Mechanical Plan and Details signed and sealed by professional mechanical engineer                                                                                                                                                                                     | - Professional Mechanical<br>Engineer                                                   |
| 5.2 Technical Specifications signed and sealed by Professional Mechanical Engineer                                                                                                                                                                                        |                                                                                         |

|                                                                                                              |                                                  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>6. Sanitary/Plumbing Documents</b>                                                                        |                                                  |
| 6.1 Sanitary/Plumbing Plan and Details signed and sealed by a sanitary engineer or registered master plumber | - Registered Sanitary Engineer or Master Plumber |
| 6.2 Design Analysis ( <i>for Sewage Treatment Plant or STP</i> )                                             | - Registered Sanitary Engineer                   |
| 6.3 Technical Specifications signed and sealed by Registered Sanitary Engineer or Master Plumber             | - Registered Sanitary Engineer or Master Plumber |
| <b>7. Electronics Documents</b>                                                                              |                                                  |
| 7.1. Electronics Plan and Details signed and sealed by a professional electronics engineer                   | - Professional Electronics Engineer              |
| 7.2 Technical Specifications signed and sealed by Professional Electronics Engineer                          |                                                  |
| <b>8. Certification</b> from design professionals for old/ existing structures (two copies)                  |                                                  |
| - Respective Design Professionals                                                                            |                                                  |
| <b>9. Updated PRC ID, PTR, and TIN</b> of all involved professionals – 3 photocopies                         |                                                  |

## Appendix A: PD 1096 Schedule of Fees

### 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 11.G.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            |
|                               | PHP 10,000.00          | PHP 8,000.00 | PHP 6,000.00 |

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

#### a. Division A-1

|      | Area in sq. meters                                      | Fee per sq. meter |
|------|---------------------------------------------------------|-------------------|
| i.   | Original complete construction up to 20.00 sq. meters   | _____ PHP 2.00    |
| ii.  | Additional/renovation/alteration up to 20.00 sq. meters |                   |
|      | regardless of floor area of original construction       | 2.40              |
| iii. | Above 20.00 sq. meters to 50.00 sq. meters              | _____ 3.40        |

|     |                                               |      |
|-----|-----------------------------------------------|------|
| iv. | Above 50.00 sq. meters to 100.00 sq. meters _ | 4.80 |
| v.  | Above 100.00 sq. m to 150 sq. meters .        | 6.00 |
| vi  | Above 150.00 sq. meters                       | 7.20 |

b. Division A-2

|      | Area in sq. meters                                                                                          | Fee per sq. meter |
|------|-------------------------------------------------------------------------------------------------------------|-------------------|
| i.   | Original complete construction up to 20.00 sq. meters _____ PHP                                             | 3.00              |
| ii   | Additional/renovation/alteration up to 20.00 sq. meters regardless of floor area of original construction . | 3.40              |
| iii. | Above 20.00 sq. meters to 50.00 sq. meters ____                                                             | 5.20              |
| iv.  | Above 50.00 sq. meters to 100.00 sq. meters _                                                               | 8.00              |
| v.   | Above 150.00 sq. meters                                                                                     | 8.40              |

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

|       | Area in sq. meters     | Fee per sq. meter |
|-------|------------------------|-------------------|
| i.    | Upto5,000 _____ PHP    | 23.00             |
| ii.   | Above 5,000 to 6,000 _ | 22.00             |
| iii   | Above 6,000 to 7,000 _ | 20.50             |
| iv.   | Above 7,000 to 8,000 _ | 19.50             |
| v.    | Above 8,000 to 9,000 _ | 18.00             |
| vi.   | Above 9,000 to 10,000  | 17.00             |
| vii.  | Above 10,000 to 15,000 | 16.00             |
| viii. | Above 15,000 to 20,000 | 15.00             |
| ix.   | Above 20,000 to 30,000 | 14.00             |
| x.    | 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. The building fee is the sum of the individual products as shown in the following example:

Sample Computation for Building Fee for a building having a floor area of 32,000 sq. meters:

|                                      |     |                 |
|--------------------------------------|-----|-----------------|
| First 5,000 sq. meters @ 23.00 _____ | PHP | 11,500          |
| Next 1,000 sq. meters @ 22.00 _____  |     | 2,200.00        |
| Next 1,000 sq. meters @ 20.50 _____  |     | 2,050.00        |
| Next 1,000 sq. meters@ 19.50 _____   |     | 1,950.00        |
| Next 1,000 sq. meters@ 18.00 _____   |     | 1,800.00        |
| Next 1,000 sq. meters@ 17.00 _____   |     | 1,700.00        |
| Next 1,000 sq. meters@ 16.00 _____   |     | 8,000.00        |
| Next 5,000 sq. meters@ 15.00 _____   |     | 7,500.00        |
| Next 10,000 sq. meters@ 14.00 _____  |     | 14,000.00       |
| Last 2,000 sq. meters@ 12.00 _____   |     | <u>2,400.00</u> |
| Total Building Fee _____             | PHP | 53,100.00       |

d. Divisions C-2/D-1, 2, 3

|     | Area in sq. meters     | Fee per sq. meter |
|-----|------------------------|-------------------|
| i.  | Up to 5,000 _____      | PHP 12.00         |
| ii. | Above 5,000 to 6,000 _ | 11.00             |

|       |                              |       |
|-------|------------------------------|-------|
| iii.  | Above 6,000 to 7,000 _____   | 10.20 |
| iv.   | Above 7,000 to 8,000 _____   | 9.60  |
| v.    | Above 8,000 to 9,000 _____   | 9.00  |
| vi.   | Above 9,000 to 10,000 _____  | 8.40  |
|       |                              |       |
| vii.  | Above 10,000 to 15,000 _____ | 7.20  |
| viii. | Above 15,000 to 20,000 _____ | 6.60  |
| ix.   | Above 20,000 to 30,000 _____ | 6.00  |
| x.    | 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. Division J-2 structures shall be assessed 50% of the rate of the principal building of which they are accessories (Sections 3.a. to 3.d.).

#### 4. Electrical Fees

The following schedule shall be used for computing electrical fees in residential, institutional, commercial and industrial structures:

##### a. Total Connected Load (kVA)

|      |                                   | <b>Fee</b>                 |
|------|-----------------------------------|----------------------------|
| i.   | 5 kVA or less _____               | PHP 200.00                 |
| ii.  | Over 5 kVA to 50 kVA _____        | 200.00 + PHP 20.00/kV<br>A |
|      | Over 50 kVA to 300 kVA _____      | 1,100.00 + 10.00/kV<br>A   |
| iii. | Over 300 kVA to 1,500 kVA _____   | 3,600.00 + 5.00/kVA        |
| iv.  | Over 1,500 kVA to 6,000 kVA _____ | 9,600.00 + 2.50/kVA        |
| v.   | Over 6,000 kVA _____              | 20,850.00 + 1.25/kVA       |

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

|      |                                   | <b>Fee</b>          |
|------|-----------------------------------|---------------------|
| i.   | 5 kVA or less _____               | PHP 40.00           |
| ii.  | Over 5 kVA to 50 kVA _____        | 40.00 + PHP 4.00/kA |
|      | Over 50 kVA to 300 kVA _____      | 220.00 + 2.00/kA    |
| iii. | Over 300 kVA to 1,500 kVA _____   | 720.00 + 1.00/kA    |
| iv.  | Over 1,500 kVA to 6,000 kVA _____ | 1,920.00 + 0.50/kA  |
| v.   | Over 6,000 kVA _____              | 4,170.00 + 0.25/kA  |

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

- i. Power Supply Pole Location \_\_\_\_\_ PHP 30.00/pole
- ii. Guying Attachment \_\_\_\_\_ 30.00/attachment

*This applies to designs/installations within the premises.*

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

| Use or Character of Occupancy | Electric Meter | Wiring Permit Issuance |
|-------------------------------|----------------|------------------------|
| Residential ____              | PHP 15.00      | PHP 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.

## 5. Mechanical Fees

- a. Refrigeration, Air Conditioning and Mechanical Ventilation:

- i. Refrigeration (cold storage), per ton or

fraction thereof \_\_\_\_\_ PHP 40.00

- ii. Ice Plants, per ton or fraction thereof \_\_\_\_\_ 60.00

- iii. Packaged/Centralized Air Conditioning Systems: Up to 100 tons, per ton \_\_\_\_\_ 90.00

- iv. Every ton or fraction thereof above 100 tons \_\_\_\_\_ 40.00

- v. Window type air conditioners, per unit \_\_\_\_\_ 60.00

- vi. Mechanical Ventilation, per kW or fraction thereof of blower or fan, or' metric equivalent \_\_\_\_\_ 40.00

- vii. In a series of AC/REF systems located in one establishment, the total installed tons of refrigeration shall be used as the basis of computation for purposes of installation/inspection fees, and shall not be considered individually

*For evaluation purposes:*

For Commercial/Industrial Refrigeration without Ice Making (refer to 5.a.i.):

1.10 kW per ton, for compressors up to 5 tons capacity.

1.00 kW per ton, for compressors above 5 tons up to 50 tons capacity.

0.97 kW per ton, for compressors above 50 tons capacity. For Ice making (refer to 5.a.ii.):

3.50 kW per ton, for compressors up to 50 tons capacity.

3.25 kW per ton, for compressors above 5 up to 50 tons capacity.

3.00 kW per ton, for compressors above 50 tons capacity. For Air conditioning (refer to 5.a.iii.):

0.90 kW per ton, for compressors 1.2 to 5 tons capacity.

0.80 kW per ton, for above 5 up to 50 tons capacity.  
0.70 kW per ton, for compressors above 50 tons capacity.

b. Escalators and Moving Walks, funiculars and the like:

|      |                                                       |     |        |
|------|-------------------------------------------------------|-----|--------|
| i.   | Escalator and moving walk, per kW or fraction thereof | PHP | 10.00  |
| ii   | Escalator and moving walks up to                      |     | 20.00  |
| .    | 20.00 lineal meters or fraction thereof _             |     |        |
| iii. | Every lineal meter or fraction thereof in excess      |     |        |
|      | of 20.00 lineal meters _____                          |     | 10.00  |
| iv.  | Funicular, per kW or fraction thereof _____           |     | 200.00 |
|      | (a) Per linear meter travel _____                     |     | 20.00  |
| v.   | Cable car, per kW or fraction thereof _____           |     | 40.00  |
|      | (a) Per linear meter travel _____                     |     | 5.00   |

c. Elevators, per unit:

|      |                                          |     |          |
|------|------------------------------------------|-----|----------|
| i.   | Motor driven dumbwaiters                 | PHP | 600.00   |
| ii   | Construction elevators for material ____ |     | 2,000.00 |
| .    |                                          |     |          |
| iii. | Passenger elevators _____                |     | 5,000.00 |
| iv.  | Freight elevators _____                  |     | 5,000.00 |
| v.   | Car elevators _____                      |     | 5,000.00 |

d. Boilers, per kW:

|      |                                          |     |          |
|------|------------------------------------------|-----|----------|
| i.   | Up to 7.5 kW                             | PHP | 500.00   |
| ii   | Above 7.5 kW to 22 kW                    |     | 700.00   |
| .    |                                          |     |          |
| iii. | Above 22 kW to 37 kW _                   |     | 900.00   |
| iv.  | Above 37 kW to 52 kW _                   |     | 1,200.00 |
| v.   | Above 52 kW to 67 kW _                   |     | 1,400.00 |
| vi.  | Above 67 kW to 74 kW _                   |     | 1,600.00 |
| vii. | Every kW or fraction thereof above 74 kW |     | 5.00     |

NOTE

- (a) Boiler rating shall be computed on the basis of 1.00 sq. meter of heating surface for one (1) boiler kW.  
(b) Steam from this boiler used to propel any prime-mover is exempted from fees.  
(c) Steam engines/turbines/etc. propelled from geothermal source will use the same schedule of fees above.

e. Pressurized water heaters, per unit..... PHP 200.00

f. Water, sump and sewage pumps for commercial/industrial use, per kW or fraction thereof..... 60.00

g. Automatic fire sprinkler system, per sprinkler head..... 4.00

h. Diesel/Gasoline ICE, Steam, Gas Turbine/Engine, Hydro, Nuclear or solar Generating Units and the like, per kW:

|      |                                                                                                                                                                                         |     |        |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| i.   | Every kW up to 50 kW                                                                                                                                                                    | PHP | 25.00  |
| ii.  | Above 50 kW up to 100 kW ____                                                                                                                                                           |     | 20.00  |
| iii. | Every kW above 100 kW _____                                                                                                                                                             |     | 3.00   |
| i.   | Compressed Air, Vacuum, Commercial,<br>Institutional and/or Industrial Gases, per outlet.....                                                                                           | PHP | 20.00  |
| j.   | Gas Meter, per unit.....                                                                                                                                                                |     | 100.00 |
| k.   | Power piping for gas/steam/etc., per lineal meter<br>or fraction thereof or per cu. meter or fraction thereof<br>whichever is higher.....                                               |     | 4.00   |
| I.   | Other Internal Combustion Engines, including<br>cranes, forklifts, loaders, pumps, mixers, compressors and the like, not<br>registered with the LTO, per kW:                            |     |        |
| i.   | Up to 50 kW                                                                                                                                                                             | PHP | 10.00  |
| ii.  | Above 50 kW up to 100 kW ____                                                                                                                                                           |     | 12.00  |
| iii. | Every above 100 kW or fraction<br>thereof                                                                                                                                               |     | 3.00   |
| m.   | Pressure Vessels, per cu. meter or fraction thereof.....                                                                                                                                | PHP | 60.00  |
| n.   | Other Machinery/Equipment for commercial/<br>Industrial/Institutional Use not elsewhere<br>specified,<br>per kW or fraction thereof.....                                                | PHP | 60.00  |
| o.   | Pneumatic tubes, Conveyors, Monorails for<br>materials handling and addition to existing<br>supply and/or exhaust duct works and the like,<br>per lineal meter or fraction thereof..... | PHP | 10.00  |
| p.   | Weighing Scale Structure, per ton or fraction thereof.....                                                                                                                              | PHP | 50.00  |

*NOTE: Transfer of machine/equipment location within a building requires a mechanical permit and payment of fees.*

## 6. Plumbing Fees

|     |                                                                                                                                                                                                                                                                            |     |       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 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"..... | PHP | 24.00 |
| b.  | Every fixture in excess of one unit:                                                                                                                                                                                                                                       |     |       |
| i.  | Each water closet                                                                                                                                                                                                                                                          | PHP | 7.00  |
| ii. | Each floor drain _____                                                                                                                                                                                                                                                     |     | 3.00  |



|      |                       |      |
|------|-----------------------|------|
| iii. | Each sink _____       | 3.00 |
| iv.  | Each lavatory _____   | 7.00 |
| v.   | Each faucet _____     | 2.00 |
| vi   | Each shower head ____ | 2.00 |
| .    |                       |      |

c. Special Plumbing Fixtures:

|       |                                        |     |      |
|-------|----------------------------------------|-----|------|
| i.    | Each slop sink _____                   | PHP | 7.00 |
| ii.   | Each urinal _____                      |     | 4.00 |
| iii.  | Each bath tub _____                    |     | 7.00 |
| iv.   | Each grease trap _____                 |     | 7.00 |
| v.    | Each garage trap _____                 |     | 7.00 |
| vi.   | Each bidet _____                       |     | 4.00 |
| vii.  | Each dental cuspidor _____             |     | 4.00 |
| vii.  | Each gas-fired water heater ____       |     | 4.00 |
| ix.   | Each drinking fountain _____           |     | 2.00 |
| x.    | Each bar or soda fountain sink . _____ |     | 4.00 |
| xi.   | Each laundry sink _____                |     | 4.00 |
| xii.  | Each laboratory sink _____             |     | 4.00 |
| xiii. | Each fixed-type sterilizer _____       |     | 2.00 |

d. Each water meter..... PHP 2.00

|    |             |       |
|----|-------------|-------|
| i. | 12to25mm    | 8.00  |
| ii | Above 25 mm | 10.00 |
| .  |             |       |

e. Construction of septic tank, applicable in all Groups

|    |                                                 |     |       |
|----|-------------------------------------------------|-----|-------|
| i. | Up to 5.00 cu. meters of digestion chamber .... | PHP | 24.00 |
| ii | Every cu. meter or fraction thereof             |     |       |
| .  |                                                 |     |       |
|    | In excess of 5.00 cu. meters ____               |     | 7.00  |

7. Electronics Fees

a. Central Office switching equipment, remote switching units, concentrators, PABX/PBX's, cordless/ wireless telephone and communication systems, intercommunication system and other types of switching/ routing/distribution equipment used for voice, data image text, facsimile, internet service, cellular, paging and other types/forms of wired or wireless communications.....PHP 2.40 per port

b. Broadcast station for radio and TV for both commercial and training purposes, CATV headed, transmitting/ receiving/relay radio and broadcasting communications stations, communications centers, switching centers,

- control centers, operation and/or maintenance centers, call centers, cell sites, equipment silos/shelters and other similar locations/structures used for electronics and communications services, including those used for navigational aids, radar, telemetry, tests and measurements, global positioning and personnel/vehicle location PHP 1,000.00 per location
- c. Automated teller machines, ticketing, vending and other types of electronic dispensing machines, telephone booths, pay phones, coin changers, location or direction-finding systems, navigational equipment used for land, aeronautical or maritime applications, photography and reproduction machines x-ray, scanners, ultrasound and other apparatus/equipment used for medical, biomedical, laboratory and testing purposes and other similar electronic or electronically-controlled apparatus or devices, whether located indoors or outdoors PHP 10.00 per unit
- d. Electronics and communications outlets used for connection and termination of voice, data, computer (including workstations, servers, routers, etc.) audio, video, or any form of electronics and communications services, irrespective of whether a user terminal is connected PHP 2.40 per outlet
- e. Station/terminal/control point/port/central or remote panels/outlets for security and alarm systems (including watchman system, burglar alarms, intrusion detection systems, lighting controls, monitoring and surveillance system, sensors, detectors, parking management system, barrier controls, signal lights, etc.), electronics fire alarm (including early-detection systems, smoke detectors, etc.), sound-reinforcement/background, music/paging/conference systems and the like, CATV/MATV/CCTV and off-air television, electronically-controlled conveyance systems, building automation, management systems and similar types of electronic or electronically-controlled installations whether a user terminal is connected..... PHP 2.40 per termination
- f. Studios, auditoriums, theaters, and similar structures for radio and TV broadcast, recording, audio/video reproduction/simulation and similar activities PHP 1,000.00 per location
- g. Antenna towers/masts or other structures for installation of any electronic and/or Communications transmission/reception PHP 1,000.00 per structure

|                                                                                                                                                                                                                                                                                       |      |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------|
| h. Electronic or electronically-controlled indoor and outdoor signages and display systems, including TV monitors, multi-media signs, etc.                                                                                                                                            |      | PHP 50.00 per unit |
| i. Poles and attachment:                                                                                                                                                                                                                                                              |      |                    |
| i. Per Pole (to be paid by pole owner)                                                                                                                                                                                                                                                | PHP  | 20.00              |
| ii. Per attachment (to be paid by any entity who attaches to the pole of others) _____                                                                                                                                                                                                |      | 20.00              |
| j. Other types or electronics or electronically-controlled device, apparatus, equipment, instrument or units not specifically identified above                                                                                                                                        |      | PHP50.00 per unit  |
| 8. 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 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 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    PHP<br>20.00                                                                                                                                                                                                |      |                    |
| i. In excess of 20.00 cu. meters    PHP                                                                                                                                                                                                                                               | 8.00 |                    |
| d. Swimming Pools, per cu. meter or fraction thereof:                                                                                                                                                                                                                                 |      |                    |
| i. GROUP A Residential                                                                                                                                                                                                                                                                | PHP  | 3.00               |
| ii. Commercial/Industrial GROUPS B, E, F, G _____                                                                                                                                                                                                                                     |      | 36.00              |
| iii. Social/Recreational/Institutional GROUPS C, D, H, I _____                                                                                                                                                                                                                        |      | 24.00              |
| iv. 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. _____                                                                                               |      |                    |
| v. Swimming pool shower rooms/locker rooms:                                                                                                                                                                                                                                           |      |                    |
| (a) Per unit or fraction thereof _                                                                                                                                                                                                                                                    |      | 60.00              |
| (b) Residential GROUP A _____                                                                                                                                                                                                                                                         |      | 6.00               |
| (c) GROUP B, E, F, G, .                                                                                                                                                                                                                                                               |      | 18.00              |
| (d) GROUP C, D, H, _                                                                                                                                                                                                                                                                  |      | 12.00              |

|                                                                                                                   |                                                                                                                    |                 |                |            |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|----------------|------------|
| e. Construction of firewalls separate from the building:                                                          |                                                                                                                    |                 |                |            |
| i.                                                                                                                | Per sq. meter or fraction thereof                                                                                  | PHP             |                | 3.00       |
| ii.                                                                                                               | Provided, that the minimum fee shall be                                                                            |                 |                | 48.00      |
| f. Construction/erection of towers: Including Radio and TV towers, water tank supporting structures and the like: |                                                                                                                    |                 |                |            |
|                                                                                                                   | Use or Character of Occupancy                                                                                      | Self-supporting | Trilon (Guyed) |            |
| i.                                                                                                                | Single detached dwelling units__                                                                                   | PHP             | 500.00         | PHP 150.00 |
| ii.                                                                                                               | Commercial/Industrial (Groups B, E, F, G)                                                                          |                 |                |            |
|                                                                                                                   | up to 10.00 meters in height _____                                                                                 |                 | 2,400.00       | 240.00     |
|                                                                                                                   | (a) Every meter or fraction thereof in excess of 10.00 meters ____                                                 |                 | 120.00         | 12.00      |
| iii.                                                                                                              | Educational/Recreational//institutional (Groups C, D, H, I)                                                        |                 |                |            |
|                                                                                                                   | up to 10.00 meters in height _____                                                                                 |                 | 1,800.00       | 120.00     |
| iv.                                                                                                               | (a) Every meter or fraction thereof in excess of 10.00 meters ____                                                 |                 | 120.00         | 12.00      |
| g.Storage Silos, up to 10.00 meters in height.....                                                                |                                                                                                                    | PHP             | 2,400.00       |            |
|                                                                                                                   |                                                                                                                    |                 |                |            |
| i.                                                                                                                | Every meter or fraction thereof in excess of 10.00 meters ____                                                     |                 |                | PHP 20.00  |
| ii.                                                                                                               | 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:                   |                                                                                                                    |                 |                |            |
| i.                                                                                                                | Smokestacks, up to 10.00 meters in height, measured from the base _____                                            | PHP             | 240.00         |            |
|                                                                                                                   | (a) Every meter or fraction thereof in excess of 10.00 meters ____                                                 |                 | 12.00          |            |
| ii.                                                                                                               | Chimney up to 10.00 meters in height, measured from the base _____                                                 |                 | 48.00          |            |
|                                                                                                                   | (a) Every meter or fraction thereof in excess of 10.00 meters .                                                    |                 | 2.00           |            |

|      |                                                                                                                                                       |            |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| i.   | Construction of Commercial/Industrial Fixed Ovens,<br>per sq. meters or fraction thereof of interior floor areas                                      | PHP 48.00  |
| j.   | Construction of Industrial Kiln/Furnace, per cu. meter or<br>fraction thereof of volume                                                               | PHP 12.00  |
| k.   | Construction of reinforced concrete or steel tanks or<br>above ground GROUPS A and B, up to 2.00 cu. meters                                           | PHP 12.00  |
| i.   | Every cu. m or fraction thereof<br>in excess of 2.00 cu. meters ____                                                                                  | PHP 12.00  |
| ii   | For all other than Groups A and B<br>up to 10.00 cu. meters _____                                                                                     | 480.00     |
| iii. | Every cu. meter or fraction thereof in<br>excess of 10.00 cu. meters ____                                                                             | 48.00      |
| l.   | Construction of Water and Waste Water<br>Treatment Tanks: (Including Cisterns, Sedimentation and Chemical<br>Treatment Tanks) per cu. meter of volume | PHP 7.00   |
| m.   | Construction of reinforced concrete or steel tanks<br>except for Commercial/Industrial Use:                                                           |            |
| i.   | Above ground, up to 10.00 cu. meters _                                                                                                                | PHP 480.00 |
|      | Every cu. m or fraction thereof<br>in excess of 10.00 cu. meters _                                                                                    | 480.00     |
| ii   | Underground, up to 20.00 cu. meters<br>up to 10.00 cu. meters _____                                                                                   | 540.00     |
|      | Every cu. meter or fraction thereof in<br>excess of 10.00 cu. meters ____                                                                             | 24.00      |
| n.   | Pull-outs and Reinstallation of Commercial/Industrial Steel Tanks:                                                                                    |            |
| i.   | Underground, per cu. meter or fraction<br>thereof of excavation _                                                                                     | PHP 3.00   |
| ii   | Saddle or trestle mounted horizontal tanks,<br>per cu. meter or fraction thereof of volume of tank _____                                              | 3.00       |
| iii. | Reinstallation of vertical storage tanks shall be the same as new<br>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:

|    |                                      |     |       |
|----|--------------------------------------|-----|-------|
| i. | Construction of permanent type _____ | PHP | 10.00 |
|    | Construction of temporary type _____ |     | 5.00  |
| ii | Inspection of knock-down temporary   |     |       |
| .  | type, per unit _                     |     | 24.00 |

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

|      |                                                                                       |     |       |
|------|---------------------------------------------------------------------------------------|-----|-------|
| i.   | Tombs, per sq. meter of<br>covered ground areas                                       | PHP | 5.00  |
| ii   | Semi-enclosed mausoleums whether<br>canopied or not, per sq. meter of built-up area _ |     | 5.00  |
| iii. | Totally enclosed mausoleums,<br>per sq. meter of floor area _____                     |     | 12.00 |
| iv.  | Totally enclosed mausoleums,<br>per sq. meter of floor area _____                     |     | 5.00  |
| v.   | Columbarium, per sq. meter ____                                                       |     | 18.00 |

## 2. ISSUANCE OF BUILDING PERMIT TOGETHER WITH CERTIFICATE OF OCCUPANCY FOR LEGALIZATION OF EXISTING STRUCTURE/S

The Office of the Building Official (OBO) issues Building Permit together with Certificate of Occupancy for legalization of existing structure/s.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and issuance of approved permit and Certificate.

|                                                                                                  |                                                                                                                         |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                        | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                          |
| <b>CLASSIFICATION:</b>                                                                           | Simple / Complex                                                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                     | G2C – Government to<br>Citizen G2B – Government<br>to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                            | Any person, firm, partnership, corporation, head of government<br>or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                 | <b>WHERE TO SECURE</b>                                                                                                  |
| All requirements mentioned in the issuance<br>of Building Permit and Certificate of<br>Occupancy | As mentioned                                                                                                            |

| PROCESS FOR SIMPLE APPLICATION                                            |                                                                |                       |                                  |                                                        |
|---------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------|----------------------------------|--------------------------------------------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                                                  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME               | PERSON<br>RESPONSIBLE                                  |
| <b>1. Application</b>                                                     |                                                                |                       |                                  |                                                        |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Receive and check the requirements as to validity.             | None                  | 15 min.                          | EPD Staff, Window 2                                    |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                                          | None                  |                                  |                                                        |
| <b>2. Processing</b>                                                      |                                                                |                       |                                  |                                                        |
| 2.1. None                                                                 | Check for Zoning requirements to issue Locational Clearance    | (refer to ZAO)        | (Refer to ZAO's processing Time) | Zoning Administration Office (ZAO) Personnel, Window 3 |
| 2.2. None                                                                 | Check for Fire Preventive requirements to Issue Fire Clearance | (refer to BFP)        | (Refer to BFP's processing Time) | Fire Department Personnel/City Fire Marshall           |
| 2.3. None                                                                 | Conduct technical evaluation of the documents                  | None                  | 3 days                           | Technical Evaluators, EPD                              |

| CLIENT STEPS                                                                                                      | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                         | PERSON RESPONSIBLE                                    |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 2.4. <i>For complex application</i> , extend cooperation during the inspection.                                   | Conduct inspection and prepare inspection report.                                                                                                                                                           | None                                                 | <i>(from submission to issuance)</i>    | Assigned Building Inspector                           |
| 2.5. None                                                                                                         | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                                 |                                         | EPD Chief                                             |
| 2.6. Receive update from OBO.                                                                                     | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      |                                         | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                 |                                                                                                                                                                                                             |                                                      |                                         |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                   | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 |                                         | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                    | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 | <i>(Refer to CAO's processing Time)</i> | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO) – Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees below (Appendix A) | <i>(Refer to CTO's processing Time)</i> | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                      | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                         | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                              | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                                 | cluded in 3 days                        | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the permit.                                                         | Inform the client of the release date of the permit.                                                                                                                                                        | None                                                 | <i>(from submission to issuance)</i>    | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                         |                                                       |
| 4.1 None                                                                                                          | Process the permit for approval                                                                                                                                                                             | None                                                 | 5 min.                                  | EPD / Assistant Building Official / Building Official |



| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                            | EPD Staff, Window 2 |
| 4.3 Sign in the Release Log Book and secure the Building Permit and tarpaulin.                     | Issue the Building Permit and tarpaulin.                                                | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix A below | <b>3 days</b><br><i>(including the processing time of other offices/agencies involved)</i> |                     |

| PROCESS FOR COMPLEX APPLICATION                                           |                                                                                       |                 |                                         |                                              |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|-----------------------------------------|----------------------------------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                                                                         | FEES TO BE PAID | PROCESSING TIME                         | PERSON RESPONSIBLE                           |
| <b>1. Application</b>                                                     |                                                                                       |                 |                                         |                                              |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.                                            | None            | 15 min.                                 | EPD Staff, Window 2                          |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                                                                 | None            |                                         |                                              |
| <b>2. Processing</b>                                                      |                                                                                       |                 |                                         |                                              |
| 2.1. None                                                                 | Check for Zoning requirements to issue Locational Clearance                           | (refer to ZAO)  | <i>(Refer to ZAO's processing Time)</i> | Zoning Administration Office (ZAO) Personnel |
| 2.2. None                                                                 | Check for Fire Preventive requirements to Issue Fire Clearance                        | (refer to BFP)  | <i>(Refer to BFP's processing Time)</i> | Fire Department Personnel/City Fire Marshall |
| 2.3. None                                                                 | Conduct technical evaluation of the documents                                         | None            | Included in                             | Technical Evaluators, EPD                    |
| 2.4. For complex application, extend cooperation during the inspection.   | Conduct inspection and prepare inspection report.                                     | None            | 7 days                                  | Assigned Building Inspector                  |
| 2.5. None                                                                 | Consolidate and do final review of the Inspection Report and or Technical Evaluation. | None            | <i>(from submission to issuance)</i>    | EPD Chief                                    |

| CLIENT STEPS                                                                                                      | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                                                | PERSON RESPONSIBLE                                    |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
| 2.6. None                                                                                                         | Approved applicants are to be reviewed by Fire department for the issuance of Fire Safety Inspection Certificate (FSIC).<br><br>Note: Inspection shall be conducted if so warranted.                        | (refer to BFP)                                       | (Refer to BFP's processing Time)                               | Fire Department Personnel/City Fire Marshall          |
| 2.7. Receive update from OBO.                                                                                     | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. | None                                                 | Included in<br><br>7 days<br><br>(from submission to issuance) | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                 |                                                                                                                                                                                                             |                                                      |                                                                |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                   | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 |                                                                | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                    | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 | (Refer to CAO's processing Time)                               | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO) – Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendices A & C) | (Refer to CTO's processing Time)                               | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                      | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                                                | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                              | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                                 | Included in<br><br>7 days                                      | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the permit.                                                         | Inform the client of the release date of the permit.                                                                                                                                                        | None                                                 | (from submission to issuance)                                  | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                                                |                                                       |
| 4.1 None                                                                                                          | Process the permit for approval                                                                                                                                                                             | None                                                 | 5 min.                                                         | EPD / Assistant Building Official / Building Official |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                            | EPD Staff, Window 2 |
| 4.3 Sign in the Release Log Book and secure the Building Permit and tarpaulin.                     | Issue the Building Permit and tarpaulin.                                                | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendices A & C | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

### 3. ISSUANCE OF CERTIFICATE OF ANNUAL INSPECTION

The Office of the Building Official (OBO) conducts annual inspection of existing and operational industrial, commercial, institutional and all other buildings or structures as per Memorandum Circular No. 3, series of 2011 issued by the Department of Public Works and Highways (DPWH).

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and issuance of the Certificate.

|                                                                        |                                                                                                                      |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                              | OFFICE OF THE BUILDING OFFICIAL ANNUAL INSPECTION SECTION (AIS)                                                      |
| <b>CLASSIFICATION:</b>                                                 | Complex                                                                                                              |
| <b>TYPES OF TRANSACTION:</b>                                           | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                  | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                       | <b>WHERE TO SECURE</b>                                                                                               |
| 1. Duly accomplished application forms<br><i>(in duplicate copies)</i> | - Office of the Building Official                                                                                    |
| 2. Building Permit *1 <i>photocopy</i>                                 | - Office of the Building Official                                                                                    |
| 3. Occupancy Permit *1 <i>photocopy</i>                                | - Office of the Building Official                                                                                    |
| 4. Tax Declaration [Land] *1 <i>photocopy</i>                          | - City Assessor's Office                                                                                             |
| 5. Tax Declaration [Building] *1 <i>photocopy</i>                      | - City Assessor's Office                                                                                             |
| 6. Plans [Approved or As-Built]                                        | - Office of the Building Official                                                                                    |
| 7. Photos of building/structure<br>*Original copy                      | - Applicant                                                                                                          |

| CLIENT STEPS                                                               | AGENCY ACTION                                                                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE  |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------|
| <b>1. Application</b>                                                      |                                                                                                                      |                 | 5 min.          |                     |
| 1.1. Submit the requirements to the Office of the Building Official (OBO). | Receive and check the requirements as to validity.                                                                   | None            |                 | AIS Staff, Window 1 |
| 1.2. None                                                                  | Prepare Notice of Inspection, and Mission Order (for the inspector).                                                 | None            |                 | AIS Staff           |
| 1.3. None                                                                  | Review and sign the documents.                                                                                       | None            |                 | Head, AIS           |
| 1.4. Receive the Notice of Inspection and copy of the Mission Order.       | Request the client to sign in the Release Log Book and issue the Notice of Inspection and copy of the Mission Order. | None            |                 | AIS Staff           |

| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                                                                                                                                                        | FEES TO BE PAID                                      | PROCESSING TIME                  | PERSON RESPONSIBLE                                   |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|------------------------------------------------------|
| <b>2. Processing</b>                                                                                       |                                                                                                                                                                                                                      |                                                      |                                  |                                                      |
| 2.1. Extend cooperation during the inspection.                                                             | Conduct inspection and prepare inspection report.                                                                                                                                                                    | None                                                 | 6 days                           | AIS assigned inspector                               |
| 2.2. Receive update from OBO.                                                                              | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through:<br>- Call / text<br>- Registered mail. | None                                                 | (from submission to issuance)    | AIS Staff                                            |
| <b>3. Payment</b>                                                                                          |                                                                                                                                                                                                                      |                                                      |                                  |                                                      |
| 3.1. Return to OBO and secure Order of Payment.                                                            | Issue the Order of Payment.                                                                                                                                                                                          | None                                                 |                                  | AIS Staff, Window 1                                  |
| 3.2 Proceed to the City Administrator's Office for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                              | None                                                 | (Refer to CAO's processing Time) | Authorized Signatory                                 |
| 3.3 Pay the required fees at the City Treasurer's Office– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                                   | Refer to PD 1096 Schedule of Fees below (Appendix B) | (Refer to CTO's processing Time) | Revenue Collection Clerk                             |
| 3.4 Secure Official Receipt.                                                                               | Issue the Official Receipt.                                                                                                                                                                                          | None                                                 |                                  | Revenue Collection Clerk                             |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                       | Check the Official Receipt and receive the photocopies.                                                                                                                                                              | None                                                 | Included in 6 days               | AIS Staff, Window 1                                  |
| 3.6 Get information as to the release date of the permit.                                                  | Inform the client of the release date of the permit.                                                                                                                                                                 | None                                                 | (from submission to issuance)    | AIS Staff                                            |
| <b>4. Issuance</b>                                                                                         |                                                                                                                                                                                                                      |                                                      | 5 min.                           |                                                      |
| 4.1 None                                                                                                   | Process the Certificate of Annual Inspection for approval.                                                                                                                                                           | None                                                 |                                  | AIS/ Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.         | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                              | None                                                 |                                  | AIS Staff                                            |

| CLIENT STEPS                                                                       | AGENCY ACTION                               | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE |
|------------------------------------------------------------------------------------|---------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|--------------------|
| 4.3 Sign in the Release Log Book and receive the Certificate of Annual Inspection. | Issue the Certificate of Annual Inspection. | None                      |                                                                                            | AIS Staff          |
|                                                                                    | <b>TOTAL:</b>                               | Refer to Appendix B below | <b>6 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                    |

## Appendix B: PD 1096 Schedule of Annual Inspection Fees

### a. Divisions A-1 and A-2:

- i. Single detached dwelling units and duplexes are not subject to annual inspections.
- ii. If the owner request inspections, the fee for each of the services enumerated below is \_\_\_\_\_ PHP 120.00
  - Land Use Conformity Architectural Presentability
  - Structural Stability
  - Sanitary and Health Requirements 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 1-1, Commercial, Industrial, Institutional buildings and appendages shall be assessed area as follows:

- i. Appendage of up to 3.00 cu. meters/unit PHP 150.00
- ii. Floor area to 100.00 sq. meters \_\_\_\_\_ 120.00
- iii. Above 100.00 sq. meters up to 200.00 sq. meters \_\_\_\_\_ 240.00
- iv. Above 200.00 sq. meters up to 350.00 sq. meters \_\_\_\_\_ 80.00
- v. Above 350.00 sq. meters Up to 500.00 sq. meters \_\_\_\_\_ 720.00
- vi. Above 500.00 sq. meters up to 750.00 sq. meters \_\_\_\_\_ 960.00
- vii. Above 750.00 sq. meters up to 1,000.00 sq. meters \_\_\_\_\_ 1,200.00
- viii. 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, Gymnasias and the like:

- i. Appendage of up to 3.00 cu. meters/unit PHP 150.00
- ii. Floor area to 100.00 sq. meters \_\_\_\_\_ 120.00
- iii. Above 100.00 sq. meters up to 200.00 sq. meters \_\_\_\_\_ 240.00

- d. Annual plumbing inspection fees, each plumbing unit..... PHP 60.00
- e. Electrical Inspection Fees:
- i. A one-time electrical inspection fee equivalent to 10% of Total Electrical Permit Fees shall be charged to cover all inspection trips during construction.
  - ii. Annual Inspection Fees are the same as in Section 4. e.
- f. Annual Mechanical Inspection Fees:
- i. Refrigeration and Ice Plant, per ton:
 

|                                                  |     |       |
|--------------------------------------------------|-----|-------|
| (a) Up to 100 tons capacity ____                 | PHP | 25.00 |
| (b) Above 100 tons up to 150 tons ____           |     | 20.00 |
| (c) Above 150 tons up to 300 tons ____           |     | 15.00 |
| (d) Above 300 tons up to 500 tons ____           |     | 10.00 |
| (e) Every ton or fraction thereof above 500 tons |     | 5.00  |
  - ii. Air Conditioning Systems:
 

|                                        |  |       |
|----------------------------------------|--|-------|
| Window type air conditioners, per unit |  | 40.00 |
|----------------------------------------|--|-------|
  - iii. Packaged or centralized air conditioning systems:
 

|                                                  |     |       |
|--------------------------------------------------|-----|-------|
| (a) First 100 tons, per ton                      | PHP | 25.00 |
| (b) Above 100 tons, up to 150 tons per ton       |     | 20.00 |
| (c) Every ton or fraction thereof above 500 tons |     | 8.00  |
  - iv. Mechanical Ventilation, per unit, per kW:
 

|                           |     |       |
|---------------------------|-----|-------|
| (a) Up to 1 kW            | PHP | 10.00 |
| (b) Above 1 kW to 7.5 kW  |     | 50.00 |
| (c) Every kW above 7.5 kW |     | 20.00 |

Escalators and Moving Walks; Funiculars and the like:

|                                                    |     |        |
|----------------------------------------------------|-----|--------|
| (a) Escalator and Moving Walks, per unit           | PHP | 120.00 |
| (b) Funiculars, per kW or fraction thereof         |     | 50.00  |
| (c) Per lineal meter or fraction thereof of travel |     | 10.00  |
| (d) Cable Car, per or fraction thereof             |     | 25.00  |
| (e) Per lineal meter of travel                     |     | 2.00   |
- g. Annual electronics inspection fees shall be the same as the fees in Section 7. of this Schedule.

#### 4. ISSUANCE OF CERTIFICATE OF FINAL ELECTRICAL INSPECTION FOR NET-METERING

The Office of the Building Official Issues Certificate of Final Electrical Inspection (for Net-Metering to clients who are applying for MERALCO service connection. It was also upon compliance of the building owner to the "Streamlined Requirements and Processing of Permits, Licenses, and/or Certifications for Net-Metering Applications" as per Joint Memorandum Circular No. 001 Series of 2026 of Department of Energy (DOE), Department of the Interior and Local Government (DILG) and Department of Public Works and Highways (DPWH).

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and issuance of the Certificate.

|                                                                                                               |                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                     | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                          |
| <b>CLASSIFICATION:</b>                                                                                        | Simple / Complex                                                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                  | G2C – Government to<br>Citizen G2B –<br>Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                         | Any person, firm, partnership, corporation, head of<br>government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                              | <b>WHERE TO SECURE</b>                                                                                                  |
| 1. One (1) copy of the duly filled out<br>Certificate of Completion                                           | - Office of the Building Official                                                                                       |
| 2. Updated PRC ID, PTR, and TIN of the<br>Professional Electrical Engineer (PEE) – 1<br><i>photocopy each</i> | - Professional Electrical Engineer (PEE)                                                                                |

| PROCESS FOR SIMPLE APPLICATION                                                            |                                                                                                |                       |                                                        |                                   |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|-----------------------------------|
| CLIENT STEPS                                                                              | AGENCY ACTION                                                                                  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME                                     | PERSON<br>RESPONSIBLE             |
| <b>1. Application</b>                                                                     |                                                                                                |                       |                                                        |                                   |
| 1.1 Submit the<br>requirements to the<br>Office of the Building<br>Official (OBO).        | Check the requirements as<br>to completeness.                                                  | None                  | 15 min.                                                | EPD Staff,<br>Window 2            |
| 1.2. Secure follow-up<br>stub.                                                            | Issue follow-up stub.                                                                          | None                  |                                                        |                                   |
| <b>2. Processing</b>                                                                      |                                                                                                |                       |                                                        |                                   |
| 2.1. None                                                                                 | Conduct technical<br>evaluation of the<br>documents                                            | None                  | 3 days<br><i>(from<br/>submission to<br/>issuance)</i> | Technical<br>Evaluators, EPD      |
| 2.2. <i>For complex<br/>application</i> , extend<br>cooperation during the<br>inspection. | Conduct inspection and<br>prepare inspection report.                                           | None                  |                                                        | Assigned<br>Building<br>Inspector |
| 2.3. None                                                                                 | Consolidate and do final<br>review of the Inspection<br>Report and or Technical<br>Evaluation. | None                  |                                                        | EPD Chief                         |



| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                                                                     | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                | 3 days<br><br>(from submission to issuance)                                         | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                |                                                                                     |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                           |                                                                                     | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           | (Refer to CAO's processing Time)                                                    | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)— Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix E) | (Refer to CTO's processing Time)                                                    | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                                                                     | Revenue Collection Clerk                              |
| 3.5 Show the original and submit photocopies of the Official Receipt to OBO.                                     | Check the Official Receipt and receive the photocopies of the OR.                                                                                                                                           | None                                           | Included in 3 days                                                                  | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the permit.                                                        | Inform the client of the release date of the permit.                                                                                                                                                        | None                                           | (from submission to issuance)                                                       | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                | 5 min.                                                                              |                                                       |
| 4.1 None                                                                                                         | Process the CFEI (for Net-Metering) for approval.                                                                                                                                                           | None                                           |                                                                                     | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                     | None                                           |                                                                                     | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the CFEI for Net-Metering.                                           | Issue the CFEI for Net-Metering.                                                                                                                                                                            | None                                           |                                                                                     | EPD Staff, Window 2                                   |
|                                                                                                                  | <b>TOTAL:</b>                                                                                                                                                                                               | Refer to Appendix E below                      | <b>3 days</b><br>(excluding the processing time of other offices/agencies involved) |                                                       |

## 5. ISSUANCE OF CERTIFICATE OF INSTALLATION OF EARTHQUAKE RECORDING INSTRUMENTATION (ERI)

The Office of the Building Official Issues Certificate of Installation of Earthquake Recording Instrumentation (ERI) upon completion of installation of the ERI in compliance with the National Building Code Development Office (NBCDO) Memorandum Circular No. 01 Series of 2015 as approved by the Department of Public Works and Highways (DPWH).

*This Certificate must be posted in a conspicuous place, properly protected/secured in the ground floor lobby of the building as well as at the site of each instrument.*

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and issuance of the Certificate.

|                                                                                                                                                 |                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                       | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                          |
| <b>CLASSIFICATION:</b>                                                                                                                          | Complex                                                                                                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                    | G2C – Government to<br>Citizen G2B – Government<br>to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                           | Any person, firm, partnership, corporation, head of government<br>or private institution, organization of any character |
| <b>CHECKLIST OF<br/>REQUIREMENTS</b>                                                                                                            | <b>WHERE TO SECURE</b>                                                                                                  |
| 1. Duly accomplished application forms<br>– <i>in duplicate copies</i>                                                                          | - Office of the Building Official                                                                                       |
| 2. Request letter for inspection                                                                                                                | - Applicant                                                                                                             |
| 3. Certificate of Installation from the<br>Installer                                                                                            | - ERI Supplier                                                                                                          |
| 4. Certificate of Proper Placement &<br>Completion of<br>Installation signed and sealed by a<br>Certified Structural engineer (ASEP or<br>PICE) | - Structural Engineer (ASEP or PICE)                                                                                    |
| 5. Photos of installed instrumentation                                                                                                          | - Applicant / Structural Engineer                                                                                       |
| 6. Updated PRC ID, PTR, and TIN of the<br>Structural Engineer – <i>1 photocopy each</i>                                                         | - Structural Engineer (ASEP or PICE)                                                                                    |

| CLIENT STEPS                                                                    | AGENCY ACTION                                    | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|---------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|--------------------|------------------------|
| <b>1. Application</b>                                                           |                                                  |                       |                    |                        |
| 1.1 Submit the requirements<br>to the Office of the Building<br>Official (OBO). | Check the<br>requirements as to<br>completeness. | None                  | 15 min.            | EPD Staff,<br>Window 2 |
| 1.2. Secure follow-up stub.                                                     | Issue follow-up stub.                            | None                  |                    |                        |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                         | PERSON RESPONSIBLE          |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|-----------------------------|
| <b>2. Processing</b>                                                                                             |                                                                                                                                                                                                             |                                                |                                         |                             |
| 2.1. None                                                                                                        | Conduct technical evaluation of the documents                                                                                                                                                               | None                                           | 7 days                                  | Evaluators, EPD             |
| 2.2. <i>For complex application, extend cooperation during the inspection.</i>                                   | Conduct inspection and prepare inspection report.                                                                                                                                                           | None                                           | <i>(from submission to issuance)</i>    | Assigned Building Inspector |
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                           |                                         | EPD Chief                   |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                |                                         | EPD Staff                   |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                |                                         |                             |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                           |                                         | EPD Staff, Window 2         |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           | <i>(Refer to CAO's processing Time)</i> | Authorized Signatory        |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix A) | <i>(Refer to CTO's processing Time)</i> | Revenue Collection Clerk    |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                         | Revenue Collection Clerk    |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                           | Included in<br><br>7 days               | EPD Staff, Window 2         |
| 3.6 Get information as to the release date of the Mechanical Permit.                                             | Inform the client of the release date of the Mechanical Permit.                                                                                                                                             | None                                           | <i>(from submission to issuance)</i>    | EPD Staff, Window 2         |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID   | PROCESSING TIME                                                                            | PERSON RESPONSIBLE                                    |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>4. Issuance</b>                                                                                 |                                                                                         |                   | 5 min.                                                                                     |                                                       |
| 4.1 None                                                                                           | Process the Mechanical Permit for approval.                                             | None              |                                                                                            | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None              |                                                                                            | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Mechanical Permit.                                 | Issue the Mechanical Permit.                                                            | None              |                                                                                            | EPD Staff, Window 2                                   |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to pendix A | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                                                       |

## 6. ISSUANCE OF CERTIFICATE OF OCCUPANCY

The Office of the Building Official issues Certificate of Occupancy to ensure that the building conforms to safety standards prior to occupancy.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                                                                                                                                                                                                                          |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                                                                                                                                                                                | OFFICE OF THE BUILDING<br>OFFICIAL EVALUATION AND<br>PROCESSING DIVISION (EPD)                                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                   | Simple / Complex                                                                                                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                             | G2C –<br>Government to<br>Citizen G2B –<br>Government to<br>Business<br>G2G – Government to Government                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                    | Any person, firm, partnership, corporation, head of<br>government or private institution, organization of any<br>character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                         | <b>WHERE TO SECURE</b>                                                                                                     |
| 1. Duly accomplished Unified Application Form for<br>Certificate of Occupancy – <i>1 copy</i>                                                                                                                                                                                                            | - Office of the Building Official                                                                                          |
| 2. Certificate of Completion, duly notarized –<br><i>in triplicate copies</i>                                                                                                                                                                                                                            | - Office of the Building Official / Notary Public                                                                          |
| 3. As-Built Plans – <i>2 sets</i>                                                                                                                                                                                                                                                                        | - Respective Design Professionals<br>( <i>Private Practitioner</i> )                                                       |
| 4. Construction Activity Logbook, signed and sealed<br>by the owner's architect or civil engineer, who took<br>full-time inspection and supervision – <i>1</i><br><i>copy</i>                                                                                                                            | - Registered Architect or Civil Engineer-in- charge                                                                        |
| 5. Photos                                                                                                                                                                                                                                                                                                | - Applicant/Respective Design Professionals<br>( <i>Private Practitioner</i> )                                             |
| 5.1. Architectural – façade (front, sides, and rear<br>areas, neighboring structures), setbacks (front<br>showing distance, sides, rear), all rooms,<br>ventilation, etc.                                                                                                                                |                                                                                                                            |
| 5.2. Structural – Lot profile (showing uphill or<br>downhill condition)                                                                                                                                                                                                                                  |                                                                                                                            |
| 5.3. Electrical – site (structures and location of<br>service entrance), service entrance [main service<br>equipment (type and size of wire), main service<br>feeder (type and rating)], panel boards<br>[protective device (main and branch rating)],<br>feeder and sub-feeders (type and size of wire) |                                                                                                                            |
| 5.4. Sanitary/Plumbing – toilets showing fixtures<br>installed, septic tank                                                                                                                                                                                                                              |                                                                                                                            |
| 5.5. Mechanical – mechanical equipment and<br>machineries                                                                                                                                                                                                                                                |                                                                                                                            |
| 6. Updated PRC ID, PTR, and TIN of all involved<br>professionals – <i>1 photocopy each</i>                                                                                                                                                                                                               | - Respective Design Professionals (Private<br>Practitioner)                                                                |
| 7. Official receipt of Contractor's Tax – <i>1 photocopy</i>                                                                                                                                                                                                                                             | - City Treasurer's Office / Applicant                                                                                      |
| 8. Affidavit of change of architect/engineer-in- charge<br>– <i>1 copy</i>                                                                                                                                                                                                                               | Office of the Building Official / Notary Public                                                                            |

|                                                                                                                                                                                                                         |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 9. Certification from design professionals for old/existing structures – 2 copies                                                                                                                                       | - Respective Design Professionals (Private Practitioner) |
| (if adjacent to a vacant lot) Notarized Certification from Geodetic Engineer / Project-in-charge stating that:<br>The structure was constructed within the meets and bounds.<br>No encroachment on adjacent properties. | - Geodetic Engineer / Project-in-charge                  |
| 11. Yellow Card from Electrical Service Provider (MERALCO)                                                                                                                                                              | - MERALCO                                                |

| PROCESS FOR SIMPLE APPLICATION                                            |                                                                                                                                                                                      |                 |                                  |                                              |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|----------------------------------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                                                                                                                                                                        | FEES TO BE PAID | PROCESSING TIME                  | PERSON RESPONSIBLE                           |
| <b>1. Application</b>                                                     |                                                                                                                                                                                      |                 |                                  |                                              |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Receive and check the requirements as to validity.                                                                                                                                   | None            | 15 min.                          | EPD Staff, Window 2                          |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                                                                                                                                                                | None            |                                  |                                              |
| <b>2. Processing</b>                                                      |                                                                                                                                                                                      |                 |                                  |                                              |
| 2.1. None                                                                 | Conduct technical evaluation of the documents                                                                                                                                        | None            | 3 days                           | Technical Evaluators, EPD                    |
| 2.2. For complex application, extend cooperation during the inspection.   | Conduct inspection and prepare inspection report.                                                                                                                                    | None            | (from submission to issuance)    | Assigned Building Inspector                  |
| 2.3. None                                                                 | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                | None            |                                  | EPD Chief                                    |
| 2.4. None                                                                 | Approved applicants are to be reviewed by Fire department for the issuance of Fire Safety Inspection Certificate (FSIC).<br><br>Note: Inspection shall be conducted if so warranted. | (refer to BFP)  | (Refer to BFP's processing Time) | Fire Department Personnel/City Fire Marshall |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                                                                     | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|
| 2.5. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      | Included in<br><br>3 days<br><br>(from submission to issuance)                      | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                                                                     |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 |                                                                                     | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 | (Refer to CAO's processing Time)                                                    | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)— Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees below (Appendix C) | (Refer to CTO's processing Time)                                                    | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                                                                     | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Fire Safety Clearance and receive the two (2) photocopies of the OR.                                                                                                                              | None                                                 | Included in<br><br>3 days                                                           | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the permit.                                                        | Inform the client of the release date of the permit.                                                                                                                                                        | None                                                 | (from submission to issuance)                                                       | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                      | 5 min.                                                                              |                                                       |
| 4.1 None                                                                                                         | Process the permit for approval                                                                                                                                                                             | None                                                 |                                                                                     | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                     | None                                                 |                                                                                     | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Building Permit and tarpaulin.                                   | Issue the Building Permit and tarpaulin.                                                                                                                                                                    | None                                                 |                                                                                     | EPD Staff, Window 2                                   |
|                                                                                                                  | <b>TOTAL:</b>                                                                                                                                                                                               | Refer to Appendix C below                            | <b>3 days</b><br>(excluding the processing time of other offices/agencies involved) |                                                       |

| PROCESS FOR COMPLEX APPLICATION                                                          |                                                                                                                                                                                                             |                 |                                                                       |                                              |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------|----------------------------------------------|
| CLIENT STEPS                                                                             | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME                                                       | PERSON RESPONSIBLE                           |
| <b>1. Application</b>                                                                    |                                                                                                                                                                                                             |                 |                                                                       |                                              |
| 1.1 Submit the requirements to the Office of the Building Official (OBO).                | Receive and check the requirements as to validity.                                                                                                                                                          | None            | 15 min.                                                               | EPD Staff, Window 2                          |
| 1.2. Secure follow-up stub.                                                              | Issue follow-up stub.                                                                                                                                                                                       | None            |                                                                       |                                              |
| <b>2. Processing</b>                                                                     |                                                                                                                                                                                                             |                 |                                                                       |                                              |
| 2.1. None                                                                                | Conduct technical evaluation of the documents                                                                                                                                                               | None            | 7 days                                                                | Technical Evaluators, EPD                    |
| 2.2. <i>For complex application, extend cooperation during the inspection.</i>           | Conduct inspection and prepare inspection report.                                                                                                                                                           | None            | <i>(from submission to issuance)</i>                                  | Assigned Building Inspector                  |
| 2.3. None                                                                                | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None            |                                                                       | EPD Chief                                    |
| 2.4. None                                                                                | Approved applicants are to be reviewed by Fire department for the issuance of Fire Safety Inspection Certificate (FSIC).<br><br>Note: Inspection shall be conducted if so warranted.                        | (refer to BFP)  | <i>(Refer to BFP's processing Time)</i>                               | Fire Department Personnel/City Fire Marshall |
| 2.5. Receive update from OBO.                                                            | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                 | Included in<br><br>7 days<br><br><i>(from submission to issuance)</i> | EPD Staff                                    |
| <b>3. Payment</b>                                                                        |                                                                                                                                                                                                             |                 |                                                                       |                                              |
| 3.1. Return to OBO and secure Order of Payment.                                          | Issue the Order of Payment.                                                                                                                                                                                 | None            | <i>(Refer to CAO's processing Time)</i>                               | EPD Staff, Window 2                          |
| 3.2 Proceed to the City Administrator's Office for the approval of the Order of Payment. | Check and approve the Order of Payment.                                                                                                                                                                     | None            |                                                                       | Authorized Signatory                         |



| CLIENT STEPS                                                                             | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME                                                | PERSON RESPONSIBLE                           |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------|----------------------------------------------|
| <b>1. Application</b>                                                                    |                                                                                                                                                                                                             |                 |                                                                |                                              |
| 1.1 Submit the requirements to the Office of the Building Official (OBO).                | Receive and check the requirements as to validity.                                                                                                                                                          | None            | 15 min.                                                        | EPD Staff, Window 2                          |
| 1.2. Secure follow-up stub.                                                              | Issue follow-up stub.                                                                                                                                                                                       | None            |                                                                |                                              |
| <b>2. Processing</b>                                                                     |                                                                                                                                                                                                             |                 |                                                                |                                              |
| 2.1. None                                                                                | Conduct technical evaluation of the documents                                                                                                                                                               | None            | 7 days                                                         | Technical Evaluators, EPD                    |
| 2.2. <i>For complex application</i> , extend cooperation during the inspection.          | Conduct inspection and prepare inspection report.                                                                                                                                                           | None            | (from submission to issuance)                                  | Assigned Building Inspector                  |
| 2.3. None                                                                                | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None            |                                                                | EPD Chief                                    |
| 2.4. None                                                                                | Approved applicants are to be reviewed by Fire department for the issuance of Fire Safety Inspection Certificate (FSIC).<br><br>Note: Inspection shall be conducted if so warranted.                        | (refer to BFP)  | (Refer to BFP's processing Time)                               | Fire Department Personnel/City Fire Marshall |
| 2.5. Receive update from OBO.                                                            | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                 | Included in<br><br>7 days<br><br>(from submission to issuance) | EPD Staff                                    |
| <b>3. Payment</b>                                                                        |                                                                                                                                                                                                             |                 |                                                                |                                              |
| 3.1. Return to OBO and secure Order of Payment.                                          | Issue the Order of Payment.                                                                                                                                                                                 | None            | (Refer to CAO's processing Time)                               | EPD Staff, Window 2                          |
| 3.2 Proceed to the City Administrator's Office for the approval of the Order of Payment. | Check and approve the Order of Payment.                                                                                                                                                                     | None            |                                                                | Authorized Signatory                         |

| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                           | FEES TO BE PAID                                      | PROCESSING TIME                                                                            | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 3.3 Pay the required fees at the City Treasurer's Office– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                      | Refer to PD 1096 Schedule of Fees below (Appendix C) | <i>(Refer to CTO's processing Time)</i>                                                    | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                               | Issue the Official Receipt.                                                             | None                                                 |                                                                                            | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                       | Check the Fire Safety Clearance and receive the two (2) photocopies of the OR.          | None                                                 | Included in 7 days                                                                         | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the permit.                                                  | Inform the client of the release date of the permit.                                    | None                                                 | <i>(from submission to issuance)</i>                                                       | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                         |                                                                                         |                                                      | 5 min.                                                                                     |                                                       |
| 4.1 None                                                                                                   | Process the permit for approval                                                         | None                                                 |                                                                                            | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.         | Receive and check the documents and request the client to sign in the Release Log Book. | None                                                 |                                                                                            | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Building Permit and tarpaulin.                             | Issue the Building Permit and tarpaulin.                                                | None                                                 |                                                                                            |                                                       |
|                                                                                                            | <b>TOTAL:</b>                                                                           | Refer to Appendix C below                            | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                                                       |

### Appendix C: PD 1096 Schedule of Fees

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

|                                    |                                      |        |
|------------------------------------|--------------------------------------|--------|
| a. Division A-1 and A-2 Buildings: |                                      |        |
| i.                                 | Costing up to Php150,000.00      PHP | 100.00 |
| ii                                 | Costing more than Php150,000.00      |        |
| .                                  | up to Php400,000.00 _                | 200.00 |
| iii.                               | Costing more than Php400,000.00      |        |
|                                    | up to Php850,000.00 _                | 400.00 |
| iv.                                | Costing more than Php850,000.00      |        |
|                                    | up to Php1,200,000.00 _____          | 800.00 |
| v.                                 | Every million or portion thereof     |        |
|                                    | in excess of Php1,200,000.00 _       | 800.00 |

|                                                                                |                                                 |          |
|--------------------------------------------------------------------------------|-------------------------------------------------|----------|
| b. Divisions B-1/E-1, 2, 3/F-1/G-1, 2, 3, 4, 5/H-1, 2, 3, 4/and 1-1 Buildings: |                                                 |          |
| i.                                                                             | Costing up to Php150,000.00                     | 200.00   |
| ii                                                                             | Costing more than Php150,000.00                 |          |
| .                                                                              | up to Php400,000.00 _                           | 400.00   |
| iii.                                                                           | Costing more than Php400,000.00                 |          |
|                                                                                | up to Php850,000.00 _                           | 800.00   |
| iv.                                                                            | Costing more than Php850,000.00                 |          |
|                                                                                | up to Php1,200,000.00 _____                     | 1000.00  |
| v.                                                                             | Every million or portion thereof                |          |
|                                                                                | in excess of Php1,200,000.00 _                  | 1000.00  |
| c. Divisions C-1, 2/D-1, 2, 3 Buildings:                                       |                                                 |          |
| i.                                                                             | Costing up to Php150,000.00                     | 1500.00  |
| ii                                                                             | Costing more than Php150,000.00                 |          |
| .                                                                              | up to Php400,000.00 _                           | 250.00   |
| iii.                                                                           | Costing more than Php400,000.00                 |          |
|                                                                                | up to Php850,000.00 _                           | 600.00   |
| iv.                                                                            | Costing more than Php850,000.00                 |          |
|                                                                                | up to Php1,200,000.00 _____                     | 900.00   |
| v.                                                                             | Every million or portion thereof                |          |
|                                                                                | in excess of Php1,200,000.00 _                  | 900.00   |
| d. Division J-I Buildings/structures                                           |                                                 |          |
| i.                                                                             | With floor area up to 20.00 sq. meters          | 50.00    |
| ii                                                                             | With floor area above 20.00 sq.                 |          |
| .                                                                              | meters up to 500.00 sq. meters _____            | 240.00   |
| iii.                                                                           | With floor area above 500.00 sq.                |          |
|                                                                                | meters up to 1,000.00 sq. meters _____          | 360.00   |
| iv.                                                                            | With floor area above 1,000.00 sq.              |          |
|                                                                                | meters up to 5,000.00 sq. meters _____          | 480.00   |
| v.                                                                             | With floor area above 5,000.00 sq.              |          |
|                                                                                | meters up to 10,000.00 sq. meters _____         | 200.00   |
| vi                                                                             | With floor area above 10,000.00 sq. meters ____ | 2,400.00 |
| .                                                                              |                                                 |          |

e.Division J-2 Structures:

i. Garages, carports, balconies, terraces, lanais and the like:

50% of the rate of the principal building, of which they are accessories.

ii. Aviaries, aquariums, zoo structures and the like: same rates  
as for Section 10.d. above.

iii. 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 | PHP  | 80.00 |
|     | ground                                | .... |       |

|     |                                 |  |       |
|-----|---------------------------------|--|-------|
| (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 |

## 7. ISSUANCE OF CERTIFICATE OF USE (SIGNAGE)

The Office of the Building Official issues Certificate of Use for installed/constructed signages to ensure that the structure conforms to safety standards prior to its usage.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                                                                               |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                                     | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING<br>DIVISION (EPD)                                       |
| <b>CLASSIFICATION:</b>                                                                                                                                        | Simple                                                                                                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                  | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                         | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                              | <b>WHERE TO SECURE</b>                                                                                               |
| 1. Duly accomplished Unified Application Form for Certificate of Occupancy – <i>1 copy</i>                                                                    | - Office of the Building Official                                                                                    |
| 2. Certificate of Completion, duly notarized – <i>in triplicate copies</i>                                                                                    | - Office of the Building Official / Notary Public                                                                    |
| 3. As-Built Plans – <i>2 sets</i>                                                                                                                             | - Registered Civil Engineer<br>( <i>Private Practitioner</i> )                                                       |
| 4. Construction Activity Logbook, signed and sealed by the owner's architect or civil engineer, who took full-time inspection and supervision – <i>1 copy</i> | - Registered Civil Engineer-in-charge                                                                                |
| 5. Photos of the actual signage                                                                                                                               | - Applicant                                                                                                          |
| 6. Updated PRC ID, PTR, and TIN of all involved professionals – <i>1 photocopy each</i>                                                                       | - Registered Civil Engineer<br>( <i>Private Practitioner</i> )                                                       |
| 7. Official receipt of Contractor's Tax – <i>1 photocopy</i>                                                                                                  | - City Treasurer's Office / Applicant                                                                                |
| 8. Affidavit of change of engineer-in-charge – <i>1 copy</i>                                                                                                  | - Office of the Building Official / Notary Public                                                                    |
| 9. Certification from design professionals for old/existing structures – <i>2 copies</i>                                                                      | - Registered Civil Engineer<br>( <i>Private Practitioner</i> )                                                       |

| CLIENT STEPS                                                              | AGENCY ACTION                                      | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE  |
|---------------------------------------------------------------------------|----------------------------------------------------|-----------------|-----------------|---------------------|
| <b>1. Application</b>                                                     |                                                    |                 |                 |                     |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Receive and check the requirements as to validity. | None            | 15 min.         | EPD Staff, Window 2 |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                              | None            |                 |                     |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                                                | PERSON RESPONSIBLE          |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|-----------------------------|
| <b>2. Processing</b>                                                                                             |                                                                                                                                                                                                             |                                                      |                                                                |                             |
| 2.1. None                                                                                                        | Conduct technical evaluation of the documents                                                                                                                                                               | None                                                 | 3 days                                                         | Technical Evaluators, EPD   |
| 2.2. None                                                                                                        | Conduct inspection and prepare inspection report.                                                                                                                                                           | None                                                 | (from submission to issuance)                                  | Assigned Building Inspector |
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                                 |                                                                | EPD Chief                   |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      | Included in<br><br>3 days<br><br>(from submission to issuance) | EPD Staff                   |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                                                |                             |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 |                                                                | EPD Staff, Window 2         |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 | (Refer to CAO's processing Time)                               | Authorized Signatory        |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees below (Appendix C) | (Refer to CTO's processing Time)                               | Revenue Collection Clerk    |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                                                | Revenue Collection Clerk    |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Fire Safety Clearance and receive the two (2) photocopies of the OR.                                                                                                                              | None                                                 | Included in<br><br>3 days                                      | EPD Staff, Window 2         |
| 3.6 Get information as to the release date of the permit.                                                        | Inform the client of the release date of the permit.                                                                                                                                                        | None                                                 | (from submission to issuance)                                  | EPD Staff, Window 2         |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE                                    |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>4. Issuance</b>                                                                                 |                                                                                         |                           | 5 min.                                                                                     |                                                       |
| 4.1 None                                                                                           | Process the permit for approval                                                         | None                      |                                                                                            | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                            | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Building Permit and tarpaulin.                     | Issue the Building Permit and tarpaulin.                                                | None                      |                                                                                            | EPD Staff, Window 2                                   |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix C below | <b>3 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                                                       |

#### Appendix D: Schedule of Fees (NBCDO Memorandum 01 Series of 2008)

A. Certificate of Use: 50% of Building Permit Fee, excluding Excavation

## 8. ISSUANCE OF CERTIFICATION AND/OR CERTIFIED TRUE COPY OF DOCUMENTS ON FILE

The Office of the Building Official (OBO) issues Certification and Certified True Copy of documents on file to any owner/applicant who requests a copy of their documents available in archive.

The list of requirements can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of necessary fee and issuance of requested document.

|                                                                                                                                                                        |                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                                              | OFFICE OF THE BUILDING OFFICIAL<br>ADMINISTRATIVE DIVISION (AD)                                                      |
| <b>CLASSIFICATION:</b>                                                                                                                                                 | Complex                                                                                                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                           | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                  | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                               |
| 1. Request letter from the registered owner addressed to the Building Official - with complete name and address of the subject / establishment and purpose) – 2 copies | - Applicant / registered owner                                                                                       |
| 2. Any government-issued ID card with signature – 1 photocopy                                                                                                          | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)                                   |
| 3. Deed of Absolute Sale or Contract to Sell or Contract to Lease ( <i>if necessary</i> )                                                                              | - Office of the Building Official                                                                                    |
| 4. If the applicant is the representative of the registered owner, in addition to the above:                                                                           |                                                                                                                      |
| 4.1. SPA or authorization letter from the registered owner – Original                                                                                                  | - Applicant / registered owner                                                                                       |
| 4.2 Any government-issued ID card of the representative                                                                                                                | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)                                   |

| CLIENT STEPS                                                               | AGENCY ACTION                                          | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE    |
|----------------------------------------------------------------------------|--------------------------------------------------------|-----------------|-----------------|-----------------------|
| <b>1. Application</b>                                                      |                                                        |                 |                 |                       |
| 1.1. Submit the requirements to the Office of the Building Official (OBO). | Receive and check the requirements as to completeness. | None            | 5 min.          | AD Staff,<br>Window 4 |
| 1.2. Secure follow-up stub and the received copy.                          | Issue follow-up stub and the signed receiving copy.    | None            |                 | AD Staff,<br>Window 4 |



| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                   | FEES TO BE PAID                                      | PROCESSING TIME                                  | PERSON RESPONSIBLE       |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|--------------------------|
| <b>2. Processing</b>                                                                                             |                                                                                                                 |                                                      |                                                  |                          |
| 2.1. None                                                                                                        | Cause the retrieval of the requested document/s from the storage warehouse (at Sitio Cabading, Brgy. San Jose). | None                                                 | 5 days                                           | AD Staff                 |
| 2.2. Receive advice from OBO on the availability of the request.                                                 | Inform the client on the availability of the request and the need to secure Order of Payment.                   | None                                                 | (from submission to issuance)                    | AD Staff                 |
| <b>3. Payment</b>                                                                                                |                                                                                                                 |                                                      |                                                  |                          |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                     | None                                                 |                                                  | AD Staff, Window 4       |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                         | None                                                 | (Refer to CAO's processing Time)                 | Authorized Signatory     |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                              | Refer to PD 1096 Schedule of Fees Below (Appendix A) | (Refer to CTO's processing Time)                 | Revenue Collection Clerk |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                     | None                                                 |                                                  | Revenue Collection Clerk |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                         | None                                                 | Included in 5 days (from submission to issuance) | AD Staff, Window 4       |
| 3.6 Get information as to the release date of the permit.                                                        | Inform the client of the release date of the permit.                                                            | None                                                 |                                                  | AD Staff, Window 4       |
| <b>4. Issuance</b>                                                                                               |                                                                                                                 |                                                      | 5 min.                                           |                          |
| 4.1 None                                                                                                         | Process the request.                                                                                            | None                                                 |                                                  | AD Staff, Window 4       |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                         | None                                                 |                                                  | AIS Staff                |

| CLIENT STEPS                                                                                                         | AGENCY ACTION                                                                  | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE        |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------------|
| 4.3 Sign in the Release Log Book and secure the Certification and/or Certified True Copy of the requested documents. | Issue the Certification and/or Certified True Copy of the requested documents. | None                      |                                                                                            | AD Staff,<br><br>Window 4 |
|                                                                                                                      | <b>TOTAL:</b>                                                                  | Refer to Appendix D below | <b>5 days</b><br><i>(Excluding the processing time of other offices/agencies involved)</i> |                           |

#### Appendix D: PD 1096 Schedule of Certification Fees

|    |                                                          |     |       |
|----|----------------------------------------------------------|-----|-------|
| a  | Certified true copy of building permit                   | PHP | 50.00 |
| .  |                                                          |     |       |
| b  | Certified true copy of Certificate of Use/Occupancy ____ |     | 50.00 |
| .  |                                                          |     |       |
| c. | Issuance of Certificate of Damage _____                  |     | 50.00 |
| d  | Certified true copy of Certificate of Damage _____       |     | 50.00 |
| .  |                                                          |     |       |
| e  | Certified true copy of Electrical Certificate _____      |     | 50.00 |
| .  |                                                          |     |       |
| f. | Issuance of Certificate of Gas Meter Installation _____  |     | 50.00 |
| g  | Certified true copy of Certificate of Operation _____    |     | 50.00 |
| .  |                                                          |     |       |
| h  | Other Certifications _____                               |     | 50.00 |
| .  |                                                          |     |       |

## 9. ISSUANCE OF DEMOLITION PERMIT

The Office of the Building Official (OBO) facilitates applications for Demolition Permit filed by a property owner for demolition of existing building/structure (part or whole) prior to its repair, improvement or construction of a new one.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaoantipolo@gmail.com](mailto:obozaoantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

| <b>OFFICE / DIVISION:</b>                                                                                                                   | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                      | Simple / Complex                                                                                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                       | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                            | <b>WHERE TO SECURE</b>                                                                                               |
| 1. Duly accomplished application forms<br>( <i>in duplicate copies</i> )                                                                    | - Office of the Building Official                                                                                    |
| 2. Floor plan and elevation plan of structure to be demolished signed and sealed by registered architect or civil engineer – 2 sets         | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |
| 3. Notarized estimated cost of the demolition works – 2 sets                                                                                | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |
| 4. Certified true copy of land title (TCT/OCT)<br><i>In case the TCT is not yet in the name of the applicant, in addition to the above:</i> | - Registry of Deeds-Antipolo City                                                                                    |
| 4.1. Deed of Absolute Sale                                                                                                                  | - Applicant/Lot Owner                                                                                                |
| 4.2. Contract to Sell                                                                                                                       | - Applicant/Lot Owner                                                                                                |
| 4.3. Lease Contract                                                                                                                         | - Applicant/Lessor                                                                                                   |
| 4.4. Extrajudicial Settlement or notarized consent from Heirs ( <i>in case of deceased land owner</i> )                                     | - Applicant                                                                                                          |
| 4.5. Usufruct Agreement                                                                                                                     | - Applicant/Lot Owner                                                                                                |
| 5. Deed of Absolute Sale (if necessary) – 2 photocopies                                                                                     | - Registry of Deeds                                                                                                  |
| 6. Barangay Clearance for demolition purposes – 2 photocopies                                                                               | - Zoning Administrator's Office                                                                                      |
| 7. HOA Clearance, if applicable – 2 photocopies                                                                                             | - President or authorized representative of Homeowner's Association                                                  |
| 8. Tax Declaration (Building) – 2 photocopies                                                                                               | - City Assessor's Office                                                                                             |
| 9. Methodology for demolition – 2 photocopies                                                                                               | - Registered Architect or Civil Engineer (Private Practitioner)                                                      |
| 10. Photos of project site – <i>Original</i>                                                                                                | - Applicant                                                                                                          |
| 11. Updated PRC ID, PTR, and TIN of all involved professionals – 1 photocopy each                                                           | - Registered Architect or Civil Engineer (Private Practitioner)                                                      |

| PROCESS FOR SIMPLE APPLICATION                                                                                   |                                                                                                                                                                                                             |                                                |                                             |                             |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------|
| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                             | PERSON RESPONSIBLE          |
| <b>1. Application</b>                                                                                            |                                                                                                                                                                                                             |                                                |                                             |                             |
| 1.1 Submit the requirements to the Office of the Building Official (OBO).                                        | Check the requirements as to completeness.                                                                                                                                                                  | None                                           | 15 min.                                     | EPD Staff, Window 2         |
| 1.2. Secure follow-up stub.                                                                                      | Issue follow-up stub.                                                                                                                                                                                       | None                                           |                                             |                             |
| <b>2. Processing</b>                                                                                             |                                                                                                                                                                                                             |                                                |                                             |                             |
| 2.1. None                                                                                                        | Conduct technical evaluation of the documents                                                                                                                                                               | None                                           | 3 days<br><br>(from submission to issuance) | Technical Evaluators, EPD   |
| 2.2. For complex application, extend cooperation during the inspection.                                          | Conduct inspection and prepare inspection report.                                                                                                                                                           | None                                           |                                             | Assigned Building Inspector |
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                           |                                             | EPD Chief                   |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                |                                             | EPD Staff                   |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                |                                             |                             |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                           | (Refer to CAO's processing Time)            | EPD Staff, Window 2         |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           |                                             | Authorized Signatory        |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix E) | (Refer to CTO's processing Time)            | Revenue Collection Clerk    |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                             | Revenue Collection Clerk    |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies of the OR.                                                                                                                                           | None                                           | Included in<br>3 days                       | EPD Staff, Window 2         |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                     | PERSON RESPONSIBLE                                    |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|
| 3.6 Get information as to the release date of the permit.                                          | Inform the client of the release date of the permit.                                    | None                      | (from submission to issuance)                                                       | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                 |                                                                                         |                           | 5 min.                                                                              |                                                       |
| 4.1 None                                                                                           | Process the Demolition Permit for approval.                                             | None                      |                                                                                     | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                     | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Demolition Permit.                                 | Issue the Demolition Permit.                                                            | None                      |                                                                                     | EPD Staff, Window 2                                   |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix E below | <b>3 days</b><br>(excluding the processing time of other offices/agencies involved) |                                                       |

### Appendix E: PD 1096 Schedule of Fees

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

|      |                                                                                                                         |     |                 |
|------|-------------------------------------------------------------------------------------------------------------------------|-----|-----------------|
| i.   | Buildings in all Groups per sq. meter floor area                                                                        | PHP | 3.00            |
| ii.  | Building Systems/Frames or portion thereof per vertical or horizontal dimensions, including Fences _                    |     | 4.00            |
| iii. | Structures of up to 10.00 meters in height ____<br>(a) Every meter or portion thereof in excess of 10.00 meters ____    |     | 800.00<br>50.00 |
| iv.  | Appendage of up to 3.00 cu. meter/unit ____<br>(a) Every cu. meter or portion thereof in excess of 3.00 cu. meters ____ |     | 50.00<br>50.00  |
| v.   | Moving Fee, per sq. meter of area of building/structure to be moved .                                                   |     | 3.00            |

## 10. ISSUANCE OF ELECTRICAL PERMIT FOR NET-METERING

The Office of the Building Official facilitates applications for Electrical Permit for Net-Metering filed by a building owner for the installation of Net-Metering (Renewable Energy). It was also upon compliance of the building owner to the "Streamlined Requirements and Processing of Permits, Licenses, and/or Certifications for Net-Metering Applications" as per Joint Memorandum Circular No. 001 Series of 2026 of Department of Energy (DOE), Department of the Interior and Local Government (DILG) and Department of Public Works and Highways (DPWH).

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and issuance of the Certificate.

|                                                                                                                                                                                                                   |                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                                                                                         | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING<br>DIVISION (EPD)                                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                            | Simple                                                                                                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                      | G2C – Government<br>to Citizen<br>G2B – Government<br>to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                             | Any person, firm, partnership, corporation, head of<br>government or private institution, organization of any<br>character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                  | <b>WHERE TO SECURE</b>                                                                                                     |
| 1. Three (3) copies of the duly filled out<br>Net-Metering Application Form                                                                                                                                       | - Office of the Building Official                                                                                          |
| 2. Three (3) sets of the Electrical Plans duly<br>signed and sealed by Professional Electrical<br>Engineer                                                                                                        | - Professional Electrical Engineer (PEE)                                                                                   |
| 3. Updated PRC ID, PTR, and TIN of the<br>Professional Electrical Engineer (PEE) – 1<br><i>photocopy each</i>                                                                                                     | - Professional Electrical Engineer (PEE)                                                                                   |
| 4. One (1) copy of Building Permit (for<br>establishments with previously issued valid<br>Building Permit for Renewable Energy (RE)<br>Facilities adhered or incorporated in the main<br>structure/establishment. | - Applicant                                                                                                                |

| PROCESS FOR SIMPLE APPLICATION                                                     |                                                     |                       |                    |                              |
|------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|--------------------|------------------------------|
| CLIENT STEPS                                                                       | AGENCY ACTION                                       | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE        |
| <b>1. Application</b>                                                              |                                                     |                       |                    |                              |
| 1.1 Submit the<br>requirements to the Office<br>of the Building Official<br>(OBO). | Check the requirements<br>as to completeness.       | None                  | 15 min.            | EPD Staff,<br>Window 2       |
| 1.2. Secure follow-up<br>stub.                                                     | Issue follow-up stub.                               | None                  |                    |                              |
| <b>2. Processing</b>                                                               |                                                     |                       |                    |                              |
| 2.1. None                                                                          | Conduct technical<br>evaluation of the<br>documents | None                  | 3 days             | Technical<br>Evaluators, EPD |

| PROCESS FOR SIMPLE APPLICATION                                                                                   |                                                                                                                                                                                                                    |                                                |                                         |                          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|--------------------------|
| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                                      | FEES TO BE PAID                                | PROCESSING TIME                         | PERSON RESPONSIBLE       |
| 2.2. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                              | None                                           | 3 days                                  | EPD Chief                |
| 2.3. Receive update from OBO.                                                                                    | <p>If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.</p> <p>Otherwise, notify the client of the deficiency either through call/text, or registered mail.</p> |                                                | <i>(from submission to issuance)</i>    | EPD Staff                |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                                    |                                                |                                         |                          |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                        | None                                           |                                         | EPD Staff, Window 2      |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                            | None                                           | <i>(Refer to CAO's processing Time)</i> | Authorized Signatory     |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                                 | Refer to PD 1096 Schedule of Fees (Appendix E) | <i>(Refer to CTO's processing Time)</i> | Revenue Collection Clerk |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                        | None                                           |                                         | Revenue Collection Clerk |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies of the OR.                                                                                                                                                  | None                                           | Included in<br>3 days                   | EPD Staff, Window 2      |
| 3.6 Get information as to the release date of the permit.                                                        | Inform the client of the release date of the permit.                                                                                                                                                               | None                                           | <i>(from submission to issuance)</i>    | EPD Staff, Window 2      |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE                                    |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>4. Issuance</b>                                                                                 |                                                                                         |                           | 5 min.                                                                                     |                                                       |
| 4.1 None                                                                                           | Process the Electrical Permit for Net-Metering for approval.                            | None                      |                                                                                            | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                            | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Electrical Permit for Net-Metering.                | Issue the Electrical Permit for Net-Metering.                                           | None                      |                                                                                            | EPD Staff, Window 2                                   |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix E below | <b>3 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                                                       |



## 11. ISSUANCE OF ELECTRONIC PERMIT FOR EARTHQUAKE- RECORDING INSTRUMENTATION (ERI)

The Office of the Building Official Issues Electronics Permit for an Earthquake Recording Instrumentation (ERI) upon compliance of the building owner to the "Guidelines and Implementing Rules on Earthquake Recording Instrumentation for Buildings" as per NBCDO (National Building Code Development Office) Memorandum Circular No. 01 Series of 2015 as approved by the Department of Public Works and Highways (DPWH).

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and issuance of the Certificate.

|                                                                                                                                                       |                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                             | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING<br>DIVISION (EPD)                                             |
| <b>CLASSIFICATION:</b>                                                                                                                                | Complex                                                                                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                          | G2C – Government to<br>Citizen G2B –<br>Government to Business<br>G2G – Government to Government                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                 | Any person, firm, partnership, corporation, head of<br>government or private institution, organization of any<br>character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                      | <b>WHERE TO SECURE</b>                                                                                                     |
| 1. Duly accomplished application form<br>( <i>in duplicate copies</i> )                                                                               | - Office of the Building Official                                                                                          |
| 2. Location and Mounting Plans and details of<br>the instrumentation signed & sealed by a<br>Certified Structural Engineer (ASEP or PICE)<br>– 2 sets | - Structural Engineer (ASEP or PICE)                                                                                       |
| 3. Instruments Specifications compliant with<br>the Minimum Standard Specification<br>of NBCDO<br>Memorandum Circular No. 1, Series of 2015           | - ERI supplier                                                                                                             |
| 4. ASEP or PICE Certificate as a qualified<br>Structural Engineer<br>( <i>for the Engineer in item #2</i> )                                           | - Structural Engineer (ASEP or PICE)                                                                                       |
| 5. Updated PRC ID, PTR, and TIN of the<br>Structural Engineer – 1 photocopy each                                                                      | - Structural Engineer (ASEP or PICE)                                                                                       |

| CLIENT STEPS                                                                    | AGENCY ACTION                                    | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|---------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|--------------------|------------------------|
| <b>1. Application</b>                                                           |                                                  |                       |                    |                        |
| 1.1 Submit the requirements<br>to the Office of the Building<br>Official (OBO). | Check the<br>requirements as to<br>completeness. | None                  | 15 min.            | EPD Staff,<br>Window 2 |
| 1.2. Secure follow-up stub.                                                     | Issue follow-up stub.                            | None                  |                    |                        |

| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                  | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------|-------------------------------------------------------|
| <b>2. Processing</b>                                                                                       |                                                                                                                                                                                                             |                                                |                                  |                                                       |
| 2.1. None                                                                                                  | Conduct technical evaluation of the documents                                                                                                                                                               | None                                           | 7 days                           | Technical Evaluators, EPD                             |
| 2.2. None                                                                                                  | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                           | (from submission to issuance)    | EPD Chief                                             |
| 2.3. Receive update from OBO.                                                                              | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                |                                  | EPD Staff                                             |
| <b>3. Payment</b>                                                                                          |                                                                                                                                                                                                             |                                                |                                  |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                            | Issue the Order of Payment.                                                                                                                                                                                 | None                                           |                                  | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           | (Refer to CAO's processing Time) | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix A) | (Refer to CTO's processing Time) | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                               | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                  | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                       | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                           | Included in 7 days               | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Electronics Permit (ERI).                                | Inform the client of the release date of the Electronics Permit (ERI).                                                                                                                                      | None                                           | (from submission to issuance)    | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                         |                                                                                                                                                                                                             |                                                | 5 min.                           |                                                       |
| 4.1 None                                                                                                   | Process the Electronics Permit (ERI) for approval.                                                                                                                                                          | None                                           |                                  | EPD / Assistant Building Official / Building Official |

| CLIENT STEPS                                                                                        | AGENCY ACTION                                                                           | FEES TO BE PAID     | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.2 Return to OBO and submit the follow- up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                |                                                                                            | EPD Staff, Window 2 |
| 4.3 Sign in the Release Log Book and secure the Electronics Permit (ERI).                           | Issue the Electronics Permit (ERI).                                                     | None                |                                                                                            | EPD Staff, Window 2 |
|                                                                                                     | <b>TOTAL:</b>                                                                           | Refer to Appendix A | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

## 12. ISSUANCE OF EXCAVATION AND GROUND PREPARATION PERMIT

Excavation and ground preparation take place prior to construction of a building; hence, an applicant for Building Permit is required to secure Excavation and Ground Preparation Permit at the same time.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                                                                 |                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                       | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                          |
| <b>CLASSIFICATION:</b>                                                                                                                          | Simple / Complex                                                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                    | G2C – Government to<br>Citizen G2B – Government<br>to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                           | Any person, firm, partnership, corporation, head of government<br>or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                | <b>WHERE TO SECURE</b>                                                                                                  |
| 1. Duly accomplished application forms<br>( <i>in duplicate copies</i> )                                                                        | - Office of the Building Official                                                                                       |
| 2. Foundation / Excavation Plan signed and<br>sealed by registered civil engineer – 2 sets                                                      | - Respective Design Professionals<br>( <i>Private Practitioner</i> )                                                    |
| 3. Excavation Construction<br>Clearance from Barangay – 2<br>photocopies                                                                        | - Zoning Administrator's Office                                                                                         |
| 4. Certified true copy of land title (TCT/OCT)<br><i>In case the TCT is not yet in the name of<br/>the applicant, in addition to the above:</i> | - Registry of Deeds-Antipolo City                                                                                       |
| 4.1. Deed of Absolute Sale                                                                                                                      | - Applicant/Lot Owner                                                                                                   |
| 4.2. Contract to Sell                                                                                                                           | - Applicant/Lot Owner                                                                                                   |
| 4.3. Lease Contract                                                                                                                             | - Applicant/Lessor                                                                                                      |
| 4.4. Extrajudicial Settlement or notarized<br>consent from Heirs ( <i>in case of deceased<br/>land owner</i> )                                  | - Applicant                                                                                                             |
| 4.5. Usufruct Agreement                                                                                                                         | - Applicant/Lot Owner                                                                                                   |
| 5. Tax Declaration (Land) – 2 photocopies                                                                                                       | - City Assessor's Office                                                                                                |
| 6. Updated Tax Receipt / Tax Clearance<br>– 2 photocopies                                                                                       | - City Assessor's Office                                                                                                |
| 7. Photos of project site – <i>Original</i>                                                                                                     | - Applicant                                                                                                             |
| 8. Updated PRC ID, PTR, and TIN of all<br>involved professionals – 1 photocopy each                                                             | - Registered Architect or Civil Engineer (Private<br>Practitioner)                                                      |

| PROCESS FOR SIMPLE APPLICATION                                                                                   |                                                                                                                                                                                                             |                                                      |                                             |                             |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|-----------------------------|
| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                             | PERSON RESPONSIBLE          |
| <b>1. Application</b>                                                                                            |                                                                                                                                                                                                             |                                                      |                                             |                             |
| 1.1 Submit the requirements to the Office of the Building Official (OBO).                                        | Check the requirements as to completeness.                                                                                                                                                                  | None                                                 | 15 min.                                     | EPD Staff, Window 2         |
| 1.2. Secure follow-up stub.                                                                                      | Issue follow-up stub.                                                                                                                                                                                       | None                                                 |                                             |                             |
| <b>2. Processing</b>                                                                                             |                                                                                                                                                                                                             |                                                      |                                             |                             |
| 2.1. None                                                                                                        | Conduct technical evaluation of the documents                                                                                                                                                               | None                                                 | 3 days<br><br>(from submission to issuance) | Technical Evaluators, EPD   |
| 2.2. For complex application, extend cooperation during the inspection.                                          | Conduct inspection and prepare inspection report.                                                                                                                                                           | None                                                 |                                             | Assigned Building Inspector |
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                                 |                                             | EPD Chief                   |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      |                                             | EPD Staff                   |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                             |                             |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 |                                             | EPD Staff, Window 2         |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 | (Refer to CAO's processing Time)            | Authorized Signatory        |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees below (Appendix F) | (Refer to CTO's processing Time)            | Revenue Collection Clerk    |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                             | Revenue Collection Clerk    |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                                 | Included in<br><br>3 days                   | EPD Staff, Window 2         |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                     | PERSON RESPONSIBLE                                    |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|
| 3.6 Get information as to the release date of the Excavation and Ground Preparation Permit.        | Inform the client of the release date of the Excavation and Ground Preparation Permit.  | None                      | (from submission to issuance)                                                       | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                 |                                                                                         |                           | 5 min.                                                                              |                                                       |
| 4.1 None                                                                                           | Process the Excavation and Ground Preparation Permit for approval.                      | None                      |                                                                                     | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                     | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Excavation and Ground Preparation Permit.          | Issue the Excavation and Ground Preparation Permit.                                     | None                      |                                                                                     | EPD Staff, Window 2                                   |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix F below | <b>3 days</b><br>(excluding the processing time of other offices/agencies involved) |                                                       |

| PROCESS FOR COMPLEX APPLICATION                                           |                                                   |                 |                               |                             |
|---------------------------------------------------------------------------|---------------------------------------------------|-----------------|-------------------------------|-----------------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                                     | FEES TO BE PAID | PROCESSING TIME               | PERSON RESPONSIBLE          |
| <b>1. Application</b>                                                     |                                                   |                 |                               |                             |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.        | None            | 15 min.<br>7 days             | EPD Staff, Window 2         |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                             | None            |                               |                             |
| <b>2. Processing</b>                                                      |                                                   |                 |                               |                             |
| 2.1. None                                                                 | Conduct technical evaluation of the documents     | None            | (from submission to issuance) | Technical Evaluators, EPD   |
| 2.2. For complex application, extend cooperation during the inspection.   | Conduct inspection and prepare inspection report. | None            |                               | Assigned Building Inspector |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                                  | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                                 |                                                  | EPD Chief                                             |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      |                                                  | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                                  |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 | (Refer to CAO's processing Time)                 | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 |                                                  | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)— Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees below (Appendix F) | (Refer to CTO's processing Time)                 | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                                  | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                                 | Included in 7 days (from submission to issuance) | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Excavation and Ground Preparation Permit.                      | Inform the client of the release date of the Excavation and Ground Preparation Permit.                                                                                                                      | None                                                 |                                                  | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                      | 5 min.                                           |                                                       |
| 4.1 None                                                                                                         | Process the Excavation and Ground Preparation Permit for approval.                                                                                                                                          | None                                                 |                                                  | EPD / Assistant Building Official / Building Official |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                            | EPD Staff, Window 2 |
| 4.3 Sign in the Release Log Book and secure the Excavation and Ground Preparation Permit.          | Issue the Excavation and Ground Preparation Permit.                                     | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix F below | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

### Appendix F: PD 1096 Schedule of Fees

#### *Ground Preparation and Excavation Fee:*

- i. 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.

|                                                                                                                                                                                 |     |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| (a) Inspection and Verification Fee                                                                                                                                             | PHP | 200.00 |
| (b) Per cu. meters of excavation _____                                                                                                                                          |     | 3.00   |
| (c) Issuance of GP & EP, valid only                                                                                                                                             |     | 4.00   |
| for thirty (30) days or superseded upon issuance of Building Permit _____                                                                                                       |     | 50.00  |
| (d) Per cu. meter of excavation for foundation with basement _____                                                                                                              |     | 4.00   |
| (e) Excavation other than foundation or basement, per cu. meter _____                                                                                                           |     | 3.00   |
| (f) Encroachment of footings or foundations of buildings/structures to public areas as permitted, per sq. meter or fraction thereof of footing or foundation encroachment _____ |     | 250.00 |



## 13.ISSUANCE OF FENCING PERMIT

The Office of the Building Official (OBO) issues fencing permit to any property owner who will construct perimeter fence to secure his/her property from trespassers, encroachments by adjoining properties and the like.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                                                                                                                                 |                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                                                                                       | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                       |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                          | Simple / Complex                                                                                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                    | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                           | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                | <b>WHERE TO SECURE</b>                                                                                               |
| <b><i>A. If applied together with the building permit application</i></b>                                                                                                                                       |                                                                                                                      |
| 1. Duly accomplished application forms<br>( <i>in duplicate copies</i> )                                                                                                                                        | - Office of the Building Official                                                                                    |
| 2. Fence plan and details and technical specifications signed and sealed by registered architect or civil engineer – 3 sets                                                                                     | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |
| 3. Structural Design Analysis for Concrete and Steel Structure (a) if more than three (3) meters in height for generally flat terrain; (b) if more than two (2) meters in height for sloping terrain – 2 copies | - Registered Civil Engineer<br>( <i>Private Practitioner</i> )                                                       |
| 4. Location plan indicating proposed fence – 4 copies                                                                                                                                                           | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |
| 5. Notarized Bill of Materials (w/ labor cost) signed and sealed – 2 copies                                                                                                                                     | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> ) / Notary Public                          |
| 6. Affidavit of Undertaking for providing ingress & egress that is open 24/7 ( <i>If the area to be fenced have existing occupants</i> )                                                                        | - Applicant                                                                                                          |
| <b><i>B. If applied separately</i></b>                                                                                                                                                                          |                                                                                                                      |
| 1. All requirements under Item A                                                                                                                                                                                | - As mentioned above                                                                                                 |
| 2. Certified true copy of land title (TCT/OCT)<br><i>In case the TCT is not yet in the name of the applicant, in addition to the above:</i>                                                                     | - Registry of Deeds-Antipolo City                                                                                    |
| 2.1. Deed of Absolute Sale                                                                                                                                                                                      | - Applicant/Lot Owner                                                                                                |
| 2.2. Contract to Sell                                                                                                                                                                                           | - Applicant/Lot Owner                                                                                                |
| 2.3. Lease Contract                                                                                                                                                                                             | - Applicant/Lessor                                                                                                   |

|                                                                                                         |                       |
|---------------------------------------------------------------------------------------------------------|-----------------------|
| 2.4. Extrajudicial Settlement or notarized consent from Heirs ( <i>in case of deceased land owner</i> ) | - Applicant           |
| 2.5. Usufruct Agreement                                                                                 | - Applicant/Lot Owner |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. Lease Agreement together with a duly authorized consent/authority from the lot owner to construct fence – <i>2 copies</i></p> <p>4. Barangay Clearance for fencing purposes – <i>2 copies</i></p> <p>5. Homeowners Association (HOA) Clearance, if applicable – <i>2 copies</i></p> <p>6. Tax Declaration (Land) – <i>2 copies</i></p> <p>7. Updated Real Property Tax Receipt or Tax Clearance – <i>2 copies</i></p> <p>8. Affidavit of Undertaking for fencing (if necessary) – <i>2 copies</i></p> <p>9. Lot survey plan signed and sealed by a registered geodetic engineer – <i>3 copies</i></p> <p>10. Certificate of Actual Lot Survey from registered geodetic engineer (for non-subdivision project) – <i>2 copies</i></p> <p>11. Survey Permit (for non-subdivision project and which lot area being applied for fencing permit is 1,000 sqm and above) – <i>2 copies</i></p> <p>12. DOLE Clearance (if the materials to be used for fencing is reinforced concrete or CHB and if height is more than 2 meters) – <i>2 copies</i></p> <p>13. Photos of project site – <i>1 copy</i></p> <p>14. Updated PRC ID, PTR, and TIN of all involved professionals – <i>1 photocopy each</i></p> | <ul style="list-style-type: none"> <li>- Lessor</li> <li>- Zoning Administrator's Office</li> <li>- President or authorized representative of the HOA concerned</li> <li>- City Assessor's Office</li> <li>- City Assessor's Office</li> <li>- Office of the Building Official</li> <li>- Registered Geodetic Engineer (Private Practitioner)</li> <li>- Registered Geodetic Engineer (Private Practitioner)</li> <li>- Zoning Administrator's Office</li> <li>- DOLE Rizal</li> <li>- Applicant</li> <li>- Registered Architect or Civil Engineer<br/>(Private Practitioner)</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| PROCESS FOR SIMPLE APPLICATION                                            |                                               |                 |                 |                           |
|---------------------------------------------------------------------------|-----------------------------------------------|-----------------|-----------------|---------------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE        |
| <b>1. Application</b>                                                     |                                               |                 |                 |                           |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.    | None            | 15 min.         | EPD Staff, Window 2       |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                         | None            |                 |                           |
| <b>2. Processing</b>                                                      |                                               |                 |                 |                           |
| 2.1. None                                                                 | Conduct technical evaluation of the documents | None            | 3 days          | Technical Evaluators, EPD |

|                                                                                 |                                                                                       |      |                               |                             |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|-------------------------------|-----------------------------|
| 2.2. <i>For complex application</i> , extend cooperation during the inspection. | Conduct inspection and prepare inspection report.                                     | None | (from submission to issuance) | Assigned Building Inspector |
| 2.3. None                                                                       | Consolidate and do final review of the Inspection Report and or Technical Evaluation. | None |                               | EPD Chief                   |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                             | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                | 3 days<br><br>(from submission to issuance) | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                |                                             |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                           |                                             | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           | (Refer to CAO's processing Time)            | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)— Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix E) | (Refer to CTO's processing Time)            | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                             | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies of the OR.                                                                                                                                           | None                                           | Included in<br><br>3 days                   | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the permit.                                                        | Inform the client of the release date of the permit.                                                                                                                                                        | None                                           | (from submission to issuance)               | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                |                                             |                                                       |
| 4.1 None                                                                                                         | Process the Fencing for approval.                                                                                                                                                                           | None                                           | 5 min.                                      | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                     | None                                           |                                             | EPD Staff, Window 2                                   |

|                                                          |                           |                                 |                                                                                                |                        |
|----------------------------------------------------------|---------------------------|---------------------------------|------------------------------------------------------------------------------------------------|------------------------|
| 4.3 Sign in the Release Log Book and secure the Fencing. | Issue the Fencing Permit. | None                            |                                                                                                | EPD Staff,<br>Window 2 |
|                                                          | <b>TOTAL:</b>             | Refer to<br>Appendix E<br>below | <b>3 days</b><br><i>(excluding the processing time of<br/>other offices/agencies involved)</i> |                        |

### Appendix G: PD 1096 Schedule of Fencing Fees

- |      |                                                                                                          |     |      |
|------|----------------------------------------------------------------------------------------------------------|-----|------|
| i.   | Made of masonry, metal, concrete up to<br>1.80 meters in height,<br>per lineal meter or fraction thereof | PHP | 3.00 |
| ii.  | In excess of 1.80 meters in height,<br>per lineal meter or fraction thereof _____                        |     | 4.00 |
| iii. | Made of indigenous materials, barbed,<br>chicken or hog wires, per linear meter _____                    |     | 2.40 |

## 14. ISSUANCE OF MECHANICAL PERMIT

The Office of the Building Official (OBO) issues Mechanical Permit to regulate installation of any and all kinds of mechanical equipment and machineries in industrial, commercial, institutional, residential and other kinds of building / structures / facilities located in the City.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

| <b>OFFICE / DIVISION:</b>                                                                                                                                                                   | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING<br>DIVISION (EPD)                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                      | Simple / Complex                                                                                                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                | G2C – Government to<br>Citizen<br>G2B – Government to<br>Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                       | Any person, firm, partnership, corporation, head of<br>government or private institution, organization of any<br>character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                            | <b>WHERE TO SECURE</b>                                                                                                     |
| 1. Duly accomplished application forms<br>– <i>in quintuplicate (5) copies</i>                                                                                                              | - Office of the Building Official                                                                                          |
| 2. Mechanical Plan signed and sealed by<br>Professional Mechanical Engineer (PME)                                                                                                           | - Professional Mechanical Engineer<br>( <i>Private Practitioner</i> )                                                      |
| 3. Approved Building Permit – <i>1 photocopy</i>                                                                                                                                            | - Office of the Building Official                                                                                          |
| 4. Bill of Materials (for mechanical installation)<br>signed and sealed by PME – <i>2 copies</i>                                                                                            | - Professional Mechanical Engineer<br>( <i>Private Practitioner</i> )                                                      |
| 5. Technical Specifications of<br>Equipment/<br>Machineries to be installed signed and sealed<br>by PME – <i>2 copies</i>                                                                   | - Professional Mechanical Engineer<br>( <i>Private Practitioner</i> )                                                      |
| 6. Certified true copy of Transfer Certificate of<br>Title (TCT) or Lease Contract/Agreement (if not<br>applied together with the Building Permit<br>Application)<br>– <i>2 photocopies</i> | - Registry of Deeds / Lessor                                                                                               |
| 7. Tax Declaration (Building) – <i>2 photocopies</i>                                                                                                                                        | - City Assessor's Office                                                                                                   |
| 8. Barangay Clearance (if not applied together<br>with the Building Permit Application) – <i>2 copies</i>                                                                                   | - Zoning Administrator's Office                                                                                            |
| 9. Photos of the location to be installed –<br><i>Original</i>                                                                                                                              | - Applicant                                                                                                                |
| 10. Updated PRC ID, PTR, and TIN of all<br>involved professionals – <i>1 photocopy each</i>                                                                                                 | - Professional Mechanical Engineer<br>( <i>Private Practitioner</i> )                                                      |

| PROCESS FOR SIMPLE APPLICATION                                            |                                            |                 |                 |                     |
|---------------------------------------------------------------------------|--------------------------------------------|-----------------|-----------------|---------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE  |
| <b>1. Application</b>                                                     |                                            |                 |                 |                     |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness. | None            | 15 min.         | EPD Staff, Window 2 |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                      | None            |                 |                     |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                             | PERSON RESPONSIBLE          |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------|
| <b>2. Processing</b>                                                                                             |                                                                                                                                                                                                             |                                                |                                             |                             |
| 2.1. None                                                                                                        | Conduct technical evaluation of the documents                                                                                                                                                               | None                                           | 3 days<br><br>(from submission to issuance) | Technical Evaluators, EPD   |
| 2.2. For complex application, extend cooperation during the inspection.                                          | Conduct inspection and prepare inspection report.                                                                                                                                                           | None                                           |                                             | Assigned Building Inspector |
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                           |                                             | EPD Chief                   |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                |                                             | EPD Staff                   |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                |                                             |                             |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                           | (Refer to CAO's processing Time)            | EPD Staff, Window 2         |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           |                                             | Authorized Signatory        |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)— Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix G) | (Refer to CTO's processing Time)            | Revenue Collection Clerk    |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                             | Revenue Collection Clerk    |

|                                                                                      |                                                              |      |                                       |                        |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------|------|---------------------------------------|------------------------|
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO. | Check the Official Receipt and receive the photocopies.      | None | Included in<br>3 days                 | EPD Staff,<br>Window 2 |
| 3.6 Get information as to the release date of the Fencing Permit.                    | Inform the client of the release date of the Fencing Permit. | None | (from<br>submission to<br>processing) | EPD Staff,<br>Window 2 |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                     | PERSON RESPONSIBLE                                    |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>4. Issuance</b>                                                                                 |                                                                                         |                           | 5 min.                                                                              |                                                       |
| 4.1 None                                                                                           | Process the Fencing Permit for approval.                                                | None                      |                                                                                     | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                     | EPD Staff,<br>Window 2                                |
| 4.3 Sign in the Release Log Book and secure the Fencing Permit.                                    | Issue the Fencing Permit.                                                               | None                      |                                                                                     | EPD Staff,<br>Window 2                                |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix G below | <b>3 days</b><br>(excluding the processing time of other offices/agencies involved) |                                                       |

| PROCESS FOR COMPLEX APPLICATION                                           |                                                                                       |                 |                                     |                             |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|-------------------------------------|-----------------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                                                                         | FEES TO BE PAID | PROCESSING TIME                     | PERSON RESPONSIBLE          |
| <b>1. Application</b>                                                     |                                                                                       |                 |                                     |                             |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.                                            | None            | 15 min.                             | EPD Staff,<br>Window 2      |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                                                                 | None            |                                     |                             |
| <b>2. Processing</b>                                                      |                                                                                       |                 |                                     |                             |
| 2.1. None                                                                 | Conduct technical evaluation of the documents                                         | None            | 7 days                              | Technical Evaluators, EPD   |
| 2.2. For complex application, extend cooperation during the inspection.   | Conduct inspection and prepare inspection report.                                     | None            | (from<br>submission to<br>issuance) | Assigned Building Inspector |
| 2.3. None                                                                 | Consolidate and do final review of the Inspection Report and or Technical Evaluation. | None            |                                     | EPD Chief                   |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                         | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                |                                         | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                |                                         |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                           |                                         | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           | <i>(Refer to CAO's processing Time)</i> | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix G) | <i>(Refer to CTO's processing Time)</i> | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                         | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                           | Included in<br>7 days                   | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Fencing Permit.                                                | Inform the client of the release date of the Fencing Permit.                                                                                                                                                | None                                           | <i>(from submission to issuance)</i>    | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                | 5 min.                                  |                                                       |
| 4.1 None                                                                                                         | Process the Fencing Permit for approval.                                                                                                                                                                    | None                                           |                                         | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                     | None                                           |                                         | EPD Staff, Window 2                                   |



| CLIENT STEPS                                                    | AGENCY ACTION             | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|-----------------------------------------------------------------|---------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.3 Sign in the Release Log Book and secure the Fencing Permit. | Issue the Fencing Permit. | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                 | <b>TOTAL:</b>             | Refer to Appendix G below | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

## 15. ISSUANCE OF PERMIT TO OPERATE

The Office of the Building Official (OBO) issues Permit to Operate to regulate operation of any and all kinds of mechanical equipment and machineries in industrial, commercial, institutional, residential and other kinds of building /structures / facilities located in the City.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                   |                                                                                                                      |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                         | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                       |
| <b>CLASSIFICATION:</b>                                                                            | Complex                                                                                                              |
| <b>TYPES OF TRANSACTION:</b>                                                                      | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                             | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                  | <b>WHERE TO SECURE</b>                                                                                               |
| 1. Duly accomplished application forms – <i>in duplicate copies</i>                               | - Office of the Building Official                                                                                    |
| 2. Mechanical Permit – <i>2 photocopies</i>                                                       | - Office of the Building Official                                                                                    |
| 3. As-Built Mechanical Plan signed and sealed by professional mechanical engineer – <i>2 sets</i> | - Professional Mechanical Engineer<br>( <i>Private Practitioner</i> )                                                |
| 4. Updated PRC ID, PTR, and TIN of all involved professionals – <i>1 photocopy each</i>           | - Professional Mechanical Engineer<br>( <i>Private Practitioner</i> )                                                |

| CLIENT STEPS                                                              | AGENCY ACTION                                                                         | FEES TO BE PAID | PROCESSING TIME                        | PERSON RESPONSIBLE        |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|----------------------------------------|---------------------------|
| <b>1. Application</b>                                                     |                                                                                       |                 |                                        |                           |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.                                            | None            | 10 min.                                | EPD Staff, Window 2       |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                                                                 | None            |                                        |                           |
| <b>2. Processing</b>                                                      |                                                                                       |                 |                                        |                           |
| 2.1. None                                                                 | Conduct technical evaluation of the documents                                         | None            | 7 days                                 | Technical Evaluators, EPD |
| 2.2. None                                                                 | Consolidate and do final review of the Inspection Report and or Technical Evaluation. | None            | ( <i>from submission to issuance</i> ) | EPD Chief                 |

|                               |                                                                                                         |  |  |           |
|-------------------------------|---------------------------------------------------------------------------------------------------------|--|--|-----------|
| 2.4. Receive update from OBO. | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO. |  |  | EPD Staff |
|-------------------------------|---------------------------------------------------------------------------------------------------------|--|--|-----------|

| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                                | FEES TO BE PAID                                      | PROCESSING TIME                                                                            | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|
|                                                                                                            | Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      |                                                                                            | EPD Staff                                             |
| <b>3. Payment</b>                                                                                          |                                                                                              |                                                      |                                                                                            |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                            | Issue the Order of Payment.                                                                  | None                                                 |                                                                                            | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                      | None                                                 | <i>(Refer to CAO's processing Time)</i>                                                    | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office— Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                           | Refer to PD 1096 Schedule of Fees below (Appendix H) | <i>(Refer to CTO's processing Time)</i>                                                    | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                               | Issue the Official Receipt.                                                                  | None                                                 |                                                                                            | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                       | Check the Official Receipt and receive the photocopies.                                      | None                                                 |                                                                                            | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Permit to Operate.                                       | Inform the client of the release date of the Permit to Operate.                              | None                                                 |                                                                                            | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                         |                                                                                              |                                                      | 5 min.                                                                                     |                                                       |
| 4.1 None                                                                                                   | Process the Permit to Operate for approval.                                                  | None                                                 |                                                                                            | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.         | Receive and check the documents and request the client to sign in the Release Log Book.      | None                                                 |                                                                                            | EPD Staff, Window 2                                   |
| 4.3 Sign in the Release Log Book and secure the Permit to Operate.                                         | Issue the Permit to Operate.                                                                 | None                                                 |                                                                                            | EPD Staff, Window 2                                   |
|                                                                                                            | <b>TOTAL:</b>                                                                                | Refer to Appendix H below                            | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                                                       |

## Appendix H: PD 1096 Schedule of Fees

### *Permit to Operate Fees:*

|    |                                    |     |          |
|----|------------------------------------|-----|----------|
| a  | Costing up to Php150,000.00        | PHP | 200.00   |
| .  |                                    |     |          |
| b  | Costing more than Php150,000.00    |     |          |
| .  |                                    |     |          |
|    | up to Php400,000.00 _____          |     | 400.00   |
| c. | Costing more than Php400,000.00    |     |          |
|    | to Php850,000.00 _____             |     | 800.00   |
| d  | Costing more than Php850,000.00    |     |          |
| .  |                                    |     |          |
|    | Up to Php1,200,000.00 _____        |     | 1,000.00 |
| e  | Every million or portion thereof   |     |          |
| .  |                                    |     |          |
|    | In excess of Php1,200,000.00 _____ |     | 1,000.00 |

## 16. ISSUANCE OF SCAFFOLDING PERMIT

The Office of the Building Official (OBO) issues Scaffolding Permit to regulate erection of scaffold (temporary structure) to support access or working platforms.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                                            |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                  | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                       |
| <b>CLASSIFICATION:</b>                                                                                                     | Simple                                                                                                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                               | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                      | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                           | <b>WHERE TO SECURE</b>                                                                                               |
| 1. Duly accomplished application forms – <i>in duplicate copies</i>                                                        | - Office of the Building Official                                                                                    |
| 2. Building Permit – <i>2 photocopies</i>                                                                                  | - Office of the Building Official                                                                                    |
| 3. Plans and details of scaffolding erection signed and sealed by registered architect or civil engineer – <i>2 copies</i> | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |
| 4. Barangay Clearance – <i>2 copies</i>                                                                                    | - Zoning Administrator's Office                                                                                      |
| 5. Estimated cost of installation, notarized – <i>2 copies</i>                                                             | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> ) / Notary Public                          |
| 6. Updated PRC ID, PTR, and TIN of all involved professionals – <i>1 photocopy each</i>                                    | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |

| CLIENT STEPS                                                              | AGENCY ACTION                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE        |
|---------------------------------------------------------------------------|-----------------------------------------------|-----------------|-----------------|---------------------------|
| <b>1. Application</b>                                                     |                                               |                 |                 |                           |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.    | None            | 10 min.         | EPD Staff, Window 2       |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                         | None            |                 |                           |
| <b>2. Processing</b>                                                      |                                               |                 |                 |                           |
| 2.1. None                                                                 | Conduct technical evaluation of the documents | None            | 3 days          | Technical Evaluators, EPD |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                  | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-------------------------------------------------------|
| 2.2. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      | (from submission to issuance)    | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                  |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 |                                  | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 | (Refer to CAO's processing Time) | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees below (Appendix I) | (Refer to CTO's processing Time) | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                  | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                                 | Included in 3 days               | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Scaffolding Permit.                                            | Inform the client of the release date of the Scaffolding Permit.                                                                                                                                            | None                                                 | (from submission to issuance)    | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                      | 5 min.                           |                                                       |
| 4.1 None                                                                                                         | Process the Scaffolding Permit for approval.                                                                                                                                                                | None                                                 |                                  | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                     | None                                                 |                                  | EPD Staff, Window 2                                   |

| CLIENT STEPS                                                        | AGENCY ACTION                 | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|---------------------------------------------------------------------|-------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.3 Sign in the Release Log Book and secure the Scaffolding Permit. | Issue the Scaffolding Permit. | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                     | <b>TOTAL:</b>                 | Refer to Appendix I below | <b>3 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

### Appendix I: PD 1096 Schedule of Fees

*Erection of Scaffoldings Occupying Public Areas,  
per calendar month:*

- |     |                                        |     |        |
|-----|----------------------------------------|-----|--------|
| i.  | Up to 10.00 meters in length           | PHP | 150.00 |
| ii. | Every lineal meter or fraction thereof |     |        |
|     | In excess of 10.00 meters _____        |     | 12.00  |

## 17. ISSUANCE OF SIDEWALK CONSTRUCTION PERMIT

The Office of the Building Official (OBO) issues Sidewalk Construction Permit to applicants who will construct or alter existing sidewalk.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                                                      |                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                            | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                       |
| <b>CLASSIFICATION:</b>                                                                                                               | Simple                                                                                                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                         | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                | Any person, firm, partnership, corporation, head of government or private institution, organization of any character |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                     | <b>WHERE TO SECURE</b>                                                                                               |
| 1. Duly accomplished application forms – <i>in duplicate copies</i>                                                                  | - Office of the Building Official                                                                                    |
| 2. Building Permit – 2 <i>photocopies</i>                                                                                            | - Office of the Building Official                                                                                    |
| 3. Plans and details of proposed sidewalk construction signed and sealed by registered architect or civil engineer – 2 <i>copies</i> | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |
| 4. Clearance from the DPWH or Office of the City Engineer, if applicable – 2 <i>copies</i>                                           | - Rizal 1 <sup>st</sup> District Engineering Office / Office of the City Engineer                                    |
| 5. Barangay Clearance – 2 <i>copies</i>                                                                                              | - Zoning Administrator's Office                                                                                      |
| 6. Estimated cost of temporary use, notarized – 2 <i>copies</i>                                                                      | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> ) / Notary Public                          |
| 6. Updated PRC ID, PTR, and TIN of all involved professionals – 1 <i>photocopy each</i>                                              | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                          |

| CLIENT STEPS                                                              | AGENCY ACTION                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE  |
|---------------------------------------------------------------------------|-----------------------------------------------|-----------------|-----------------|---------------------|
| <b>1. Application</b>                                                     |                                               |                 |                 |                     |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.    | None            | 10 min.         | EPD Staff, Window 2 |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                         | None            |                 |                     |
| <b>2. Processing</b>                                                      |                                               |                 |                 |                     |
| 2.1. None                                                                 | Conduct technical evaluation of the documents | None            | 3 days          | Evaluators, EPD     |



| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                               | PROCESSING TIME                  | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|-------------------------------------------------------|
| 2.2. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                               | (from submission to issuance)    | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                               |                                  |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                                          |                                  | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                          | (Refer to CAO's processing Time) | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees on pages below (Appendix J) | (Refer to CTO's processing Time) | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                                          |                                  | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                                          | Included in 3 days               | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Sidewalk Construction Permit.                                  | Inform the client of the release date of the Sidewalk Construction Permit.                                                                                                                                  | None                                                          | (from submission to issuance)    | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                               |                                  |                                                       |
| 4.1 None                                                                                                         | Process the Sidewalk Construction Permit for approval.                                                                                                                                                      | None                                                          | 5 min.                           | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                     | None                                                          |                                  | EPD Staff, Window 2                                   |

| CLIENT STEPS                                                                  | AGENCY ACTION                           | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|-------------------------------------------------------------------------------|-----------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.3 Sign in the Release Log Book and secure the Sidewalk Construction Permit. | Issue the Sidewalk Construction Permit. | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                               | <b>TOTAL:</b>                           | Refer to Appendix J below | <b>3 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

### Appendix J: PD 1096 Schedule of Fees

|                                         |     |  |        |
|-----------------------------------------|-----|--|--------|
| 1 Use of Streets and Sidewalks,         |     |  |        |
| . Enclosures and Occupancy of Sidewalks |     |  |        |
| up to 20.00 sq. meters,                 |     |  |        |
| per calendar month                      | PHP |  | 240.00 |
| i. Every sq. meter or fraction thereof  |     |  |        |
| in excess of 20.00 sq. meters _____     |     |  | 12.00  |

## 18. ISSUANCE OF SIGN PERMIT

The Office of the Building Official (OBO) issues Sign Permit to regulate installation of any and all kinds of signage in industrial, commercial, institutional, residential and other kinds of building/structures / facilities.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                              |                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                    | OFFICE OF THE BUILDING OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                          |
| <b>CLASSIFICATION:</b>                                                                                       | Simple / Complex                                                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                 | G2C – Government to<br>Citizen<br>G2B – Government to<br>Business<br>G2G – Government to Government                     |
| <b>WHO MAY AVAIL:</b>                                                                                        | Any person, firm, partnership, corporation, head of government<br>or private institution, organization of any character |
| <b>CHECKLIST OF<br/>REQUIREMENTS</b>                                                                         | <b>WHERE TO SECURE</b>                                                                                                  |
| <b>A. For new building</b>                                                                                   |                                                                                                                         |
| 1. Duly accomplished application forms<br>( <i>in duplicate copies</i> )                                     | - Office of the Building Official (OBO)                                                                                 |
| 2. Building Permit and/or Occupancy Permit<br>– <i>1 photocopy each</i>                                      | - Office of the Building Official (OBO)                                                                                 |
| 3. Sign Plan and details signed and sealed<br>by registered architect or civil engineer – <i>2<br/>sets</i>  | - Registered Civil Engineer<br>( <i>Private Practitioner</i> )                                                          |
| 4. Site Development Plan / Location of<br>Installation<br>– <i>2 copies</i>                                  | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                             |
| 5. Notarized estimated cost of construction<br>– <i>2 copies</i>                                             | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                             |
| 6. Photos of project site (if necessary) –<br><i>one copy</i>                                                | - Applicant / Registered Architect or Civil Engineer ( <i>Private<br/>Practitioner</i> )                                |
| 7. Updated PRC ID, PTR, and TIN of all<br>involved professionals – <i>1 photocopy each</i>                   | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                                             |
| 8. DOLE Clearance ( <i>for Pylon and<br/>Billboards</i> )                                                    | - DOLE Rizal                                                                                                            |
| 9. DPWH Clearance ( <i>for Pylon and<br/>Billboards<br/>along national highway</i> )                         | - Rizal 1 <sup>st</sup> District Engineering Office (DPWH)                                                              |
| 10. Structural Analysis and Design<br>Computation<br>( <i>upon evaluation</i> )                              | - Registered Civil Engineer<br>( <i>Private Practitioner</i> )                                                          |
| <b>B. For existing structure</b>                                                                             |                                                                                                                         |
| 1. All requirements under Item A                                                                             | - As mentioned above                                                                                                    |
| 2. Tax Declaration (Building) – <i>1 photocopy</i>                                                           | - City Assessor's Office                                                                                                |
| 3. Certificate of Structural Stability for the<br>existing structure, signed and sealed –<br><i>Original</i> | - Registered Civil Engineer<br>( <i>Private Practitioner</i> )                                                          |

| PROCESS FOR SIMPLE APPLICATION                                                                                   |                                                                                                                                                                                                             |                                                      |                                             |                             |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|-----------------------------|
| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                      | PROCESSING TIME                             | PERSON RESPONSIBLE          |
| <b>1. Application</b>                                                                                            |                                                                                                                                                                                                             |                                                      |                                             |                             |
| 1.1 Submit the requirements to the Office of the Building Official (OBO).                                        | Check the requirements as to completeness.                                                                                                                                                                  | None                                                 | 15 min.                                     | EPD Staff, Window 2         |
| 1.2. Secure follow-up stub.                                                                                      | Issue follow-up stub.                                                                                                                                                                                       | None                                                 |                                             |                             |
| <b>2. Processing</b>                                                                                             |                                                                                                                                                                                                             |                                                      |                                             |                             |
| 2.1. None                                                                                                        | Conduct technical evaluation of the documents                                                                                                                                                               | None                                                 | 3 days<br><br>(from submission to issuance) | Technical Evaluators, EPD   |
| 2.2. <i>For complex application, extend cooperation during the inspection.</i>                                   | Conduct inspection and prepare inspection report.                                                                                                                                                           | None                                                 |                                             | Assigned Building Inspector |
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                                 |                                             | EPD Chief                   |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      |                                             | EPD Staff                   |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                      |                                             |                             |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                                 | (Refer to CAO's processing Time)            | EPD Staff, Window 2         |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                                 |                                             | Authorized Signatory        |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees below (Appendix K) | (Refer to CTO's processing Time)            | Revenue Collection Clerk    |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                                 |                                             | Revenue Collection Clerk    |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID                 | PROCESSING TIME                                                                                | PERSON RESPONSIBLE                                                |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.               | Check the Official Receipt and receive the photocopies.                                 | None                            | Included in<br>3 days                                                                          | EPD Staff,<br>Window 2                                            |
| 3.6 Get information as to the release date of the Sign Permit.                                     | Inform the client of the release date of the Sign Permit.                               | None                            | <i>(from submission to processing)</i>                                                         | EPD Staff,<br>Window 2                                            |
| <b>4. Issuance</b>                                                                                 |                                                                                         |                                 | 5 min.                                                                                         |                                                                   |
| 4.1 None                                                                                           | Process the Sign Permit for approval.                                                   | None                            |                                                                                                | EPD /<br>Assistant<br>Building<br>Official /<br>Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                            |                                                                                                | EPD Staff,<br>Window 2                                            |
| 4.3 Sign in the Release Log Book and secure the Sign Permit.                                       | Issue the Sign Permit.                                                                  | None                            |                                                                                                | EPD Staff,<br>Window 2                                            |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to<br>Appendix K<br>below | <b>3 days</b><br><i>(excluding the processing time of<br/>other offices/agencies involved)</i> |                                                                   |

| PROCESS FOR COMPLEX APPLICATION                                           |                                                   |                 |                                      |                                   |
|---------------------------------------------------------------------------|---------------------------------------------------|-----------------|--------------------------------------|-----------------------------------|
| CLIENT STEPS                                                              | AGENCY ACTION                                     | FEES TO BE PAID | PROCESSING TIME                      | PERSON RESPONSIBLE                |
| <b>1. Application</b>                                                     |                                                   |                 |                                      |                                   |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.        | None            | 15 min.                              | EPD Staff,<br>Window 2            |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                             | None            |                                      |                                   |
| <b>2. Processing</b>                                                      |                                                   |                 |                                      |                                   |
| 2.1. None                                                                 | Conduct technical evaluation of the documents     | None            | 7 days                               | Technical<br>Evaluators, EPD      |
| 2.2. For complex application, extend cooperation during the inspection.   | Conduct inspection and prepare inspection report. | None            | <i>(from submission to issuance)</i> | Assigned<br>Building<br>Inspector |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                           | FEES TO BE PAID                                      | PROCESSING TIME                         | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                   | None                                                 |                                         | EPD Chief                                             |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                      |                                         | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                         |                                                      |                                         |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                             | None                                                 |                                         | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                 | None                                                 | <i>(Refer to CAO's processing Time)</i> | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                      | Refer to PD 1096 Schedule of Fees below (Appendix K) | <i>(Refer to CTO's processing Time)</i> | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                             | None                                                 |                                         | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                 | None                                                 | Included in<br>7 days                   | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Sign Permit.                                                   | Inform the client of the release date of the Sign Permit.                                                                                                                                               | None                                                 | <i>(from submission to issuance)</i>    | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                         |                                                      | 5 min.                                  |                                                       |
| 4.1 None                                                                                                         | Process the Sign Permit for approval.                                                                                                                                                                   | None                                                 |                                         | EPD / Assistant Building Official / Building Official |

| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                           | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable. | Receive and check the documents and request the client to sign in the Release Log Book. | None                      |                                                                                            | EPD Staff, Window 2 |
| 4.3 Sign in the Release Log Book and secure the Sign Permit.                                       | Issue the Sign Permit.                                                                  | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                                                    | <b>TOTAL:</b>                                                                           | Refer to Appendix K below | <b>7 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

### Appendix K: PD 1096 Schedule of Sign Fees

- a. Erection and anchorage of display surface, up to 4.00 sq. meters of signboard area PHP 120.00
- i. Every sq. meter or fraction thereof in excess of 4.00 sq. meters 12.00

- b. Installation Fees, per sq. meter or fraction thereof of display surface: \_\_\_\_\_

| Type of Sign Display | Business Signs | Advertising Signs |
|----------------------|----------------|-------------------|
| Neon _____ PHP       | 36.00          | PHP 52.00         |
| Illuminated _____    | 24.00          | 36.00             |
| Others _____         | 15.00          | 24.00             |
| Painted-on _____     | 9.60           | 18.00             |

- c. Annual Renewal Fees, per sq. meter of display surface or fraction thereof:

| Type of Sign Display | Business Signs                      | Advertising Signs                       |
|----------------------|-------------------------------------|-----------------------------------------|
| Neon _____ PHP       | 36.00, min. fee shall be PHP 124.00 | PHP 46.00, min. fee shall be PHP 200.00 |
| Illuminated _____    | 18.00, min. fee shall be PHP 72.00  | 38.00, min. fee shall be PHP 150.00     |
| Others _____         | 12.00, min. fee shall Be PHP 40.00  | 20.00, min. fee shall be PHP 110.00     |
| Painted-on _____     | 8.00, min. fee shall be PHP 30.00   | 12.00, min. fee shall be PHP 100.00     |

## 19. ISSUANCE OF TEMPORARY SIDEWALK ENCLOSURE PERMIT

The Office of the Building Official (OBO) issues Temporary Sidewalk Enclosure Permit to applicants who will use or will temporarily enclose the sidewalk for construction purposes.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

| <b>OFFICE / DIVISION:</b>                                                                                                         | OFFICE OF THE BUILDING OFFICIAL EVALUATION AND PROCESSING DIVISION (EPD)                                                                                      |                                                                                             |                                               |                           |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|
| <b>CLASSIFICATION:</b>                                                                                                            | Simple                                                                                                                                                        |                                                                                             |                                               |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                      | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                                                                 |                                                                                             |                                               |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                             | Any person, firm, partnership, corporation, head of government or private institution, organization of any character                                          |                                                                                             |                                               |                           |
| CHECKLIST OF REQUIREMENTS                                                                                                         |                                                                                                                                                               | WHERE TO SECURE                                                                             |                                               |                           |
| 1. Duly accomplished application forms<br>– <i>in duplicate copies</i>                                                            |                                                                                                                                                               | - Office of the Building Official                                                           |                                               |                           |
| 2. Building Permit – <i>2 photocopies</i>                                                                                         |                                                                                                                                                               | - Office of the Building Official                                                           |                                               |                           |
| 3. Plans and details of the sidewalk to be enclosed signed and sealed by registered architect or civil engineer – <i>2 copies</i> |                                                                                                                                                               | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                 |                                               |                           |
| 4. Clearance from the DPWH or Office of the City Engineer, if applicable – <i>2 copies</i>                                        |                                                                                                                                                               | - Rizal 1 <sup>st</sup> District Engineering Office /<br>Office of the City Engineer        |                                               |                           |
| 5. Barangay Clearance – <i>2 copies</i>                                                                                           |                                                                                                                                                               | - Zoning Administrator's Office                                                             |                                               |                           |
| 6. Estimated cost of temporary use, notarized – <i>2 copies</i>                                                                   |                                                                                                                                                               | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> ) / Notary Public |                                               |                           |
| 6. Updated PRC ID, PTR, and TIN of all involved professionals – <i>1 photocopy each</i>                                           |                                                                                                                                                               | - Registered Architect or Civil Engineer<br>( <i>Private Practitioner</i> )                 |                                               |                           |
| CLIENT STEPS                                                                                                                      | AGENCY ACTION                                                                                                                                                 | FEES TO BE PAID                                                                             | PROCESSING TIME                               | PERSON RESPONSIBLE        |
| <b>1. Application</b>                                                                                                             |                                                                                                                                                               |                                                                                             |                                               |                           |
| 1.1 Submit the requirements to the Office of the Building Official (OBO).                                                         | Check the requirements as to completeness.                                                                                                                    | None                                                                                        | 10 min.                                       | EPD Staff, Window 2       |
| 1.2. Secure follow-up stub.                                                                                                       | Issue follow-up stub.                                                                                                                                         | None                                                                                        |                                               |                           |
| <b>2. Processing</b>                                                                                                              |                                                                                                                                                               |                                                                                             |                                               |                           |
| 2.1 None                                                                                                                          | Conduct technical evaluation of the documents                                                                                                                 | None                                                                                        | 3 days ( <i>from submission to issuance</i> ) | Technical Evaluators, EPD |
| 2.2 Receive update from OBO.                                                                                                      | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency |                                                                                             |                                               | EPD Staff                 |



|                                                                                                                  |                                                                                         |                                                             |                                                                                     |                                                     |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                                                                                  | either through call/text, or registered mail.                                           |                                                             |                                                                                     |                                                     |
| <b>3. Payment</b>                                                                                                |                                                                                         |                                                             |                                                                                     |                                                     |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                             | None                                                        |                                                                                     | EPD Staff, Window 2                                 |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                 | None                                                        | (Refer to CAO's processing Time)                                                    | Authorized Signatory                                |
| 3.3 Pay the required fees at the City Treasurer's Office (CAO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                      | Refer to PD 1096<br><br>Schedule of Fees below (Appendix L) | (Refer to CTO's processing Time)                                                    | Revenue Collection Clerk                            |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                             | None                                                        |                                                                                     | Revenue Collection Clerk                            |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                 | None                                                        | Included in 3 days (from submission to issuance)                                    | EPD Staff, Window 2                                 |
| 3.6 Get information as to the release date of the Temporary Sidewalk Enclosure Permit.                           | Inform the client of the release date of the Temporary Sidewalk Enclosure Permit.       | None                                                        |                                                                                     | EPD Staff, Window 2                                 |
| <b>4. Issuance</b>                                                                                               |                                                                                         |                                                             | 5 min.                                                                              |                                                     |
| 4.1 None                                                                                                         | Process the Sidewalk Construction Permit for approval.                                  | None                                                        |                                                                                     | EPD Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book. | None                                                        |                                                                                     | EPD Staff, Window 2                                 |
| 4.3 Sign in the Release Log Book and secure the Temporary Sidewalk Enclosure Permit.                             | Issue the Temporary Sidewalk Enclosure Permit.                                          | None                                                        |                                                                                     | EPD Staff, Window 2                                 |
|                                                                                                                  | <b>TOTAL:</b>                                                                           | Refer to Appendix L below                                   | <b>3 days</b><br>(excluding the processing time of other offices/agencies involved) |                                                     |

## Appendix L: P.D. 1096 Schedule of Fees

|    |                                              |     |        |
|----|----------------------------------------------|-----|--------|
| 1  | Use of Streets and Sidewalks, Enclosures and |     |        |
| .  | Occupancy of                                 |     |        |
|    | Sidewalks up to 20.00 sq. meters,            |     |        |
|    | per calendar month                           | PHP | 240.00 |
| i. | Every sq. meter or fraction thereof          |     |        |
|    | in excess of 20.00 sq. meters _____          |     | 12.00  |

## 20. ISSUANCE OF WIRING PERMIT AND CERTIFICATE OF FINAL ELECTRICAL INSPECTION (CFEI)

The Office of the Building Official (OBO) issues Wiring Permit and Certificate of Final Electrical Inspection (CFEI) to clients who are applying for MERALCO service connection. Applications for Wiring Permit and CFEI are subject for evaluation of technical requirements and site inspection.

The list of requirements and the application forms can be availed at OBO or can be requested through email ([obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com)) and the OBO's official FB page (*Building and Zoning Office Antipolo City*). All applications are subject for evaluation of technical requirements and/or inspection prior to payment of permit fee and release of approved permit.

|                                                                                                                      |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                            | OFFICE OF THE BUILDING<br>OFFICIAL<br>EVALUATION AND PROCESSING DIVISION<br>(EPD)                                                                         |
| <b>CLASSIFICATION:</b>                                                                                               | Simple                                                                                                                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                         | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government                                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                | Any person, firm, partnership, corporation, head of government or private institution, organization of any character                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                     | <b>WHERE TO SECURE</b>                                                                                                                                    |
| <b>A. USDO [One (1) Meter Policy]</b>                                                                                |                                                                                                                                                           |
| 1. Duly accomplished Wiring Permit application                                                                       | - Office of the Building Official (Window 1)                                                                                                              |
| 2. PRC ID and PTR of PEE/REE/RME<br>– 1 photocopy                                                                    | - Professional Electrical Engineer (PEE) /<br>Registered Electrical Engineer (REE) /<br>Registered Master Electrician (RME)<br><br>(Private Practitioner) |
| 3. Electrical Layout and Load Schedule (Actual Loads)<br>– 1 photocopy                                               | - PEE/REE/RME (Private Practitioner)                                                                                                                      |
| 4. USDO certification – Original copy                                                                                | - Urban Settlement and Development Office                                                                                                                 |
| 5. Master list of association members<br>– 1 photocopy                                                               | - USDO                                                                                                                                                    |
| 6. Sketch of location with landmarks – 1 copy                                                                        | - Applicant                                                                                                                                               |
| 7. Photos of structure/building/house, all sides (exterior only) – 1 copy                                            | - Applicant                                                                                                                                               |
| 8. Any government-issued ID card of the applicant and or his/her representative, if applicable<br>– 1 photocopy each | - BIR, Post Office, DFA, SSS, GSIS, LTO,<br><br>Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)                                                                 |
| 9. Authorization letter / Special Power of Attorney (SPA), for representative – Original                             | - Applicant                                                                                                                                               |

| CHECKLIST OF REQUIREMENTS                                                                                                                   | WHERE TO SECURE                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 10. HOA Certification – <i>Original</i>                                                                                                     | - Homeowner's Association (HOA) President<br>or their authorized representative       |
| 11. Any government-issued ID card of the HOA president – <i>1 photocopy</i>                                                                 | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA<br>(Phil ID / PSN) |
| 12. Old MERALCO Bill or MERALCO Certification <i>for reconnection, Relocation, Remodeling, Net Metering, Transfer of Service</i> – Original | - MERALCO Masinag Business Center                                                     |
| <b>B. If Applicant is the Lot Owner</b>                                                                                                     |                                                                                       |
| 1. Duly accomplished Wiring Permit application                                                                                              | - Office of the Building Official (Window 1)                                          |
| 2. PRC ID and PTR of PEE/REE/RME – <i>1 photocopy</i>                                                                                       | - PEE/REE/RME ( <i>Private Practitioner</i> )                                         |
| 3. Electrical Layout and Load Schedule (Actual Loads) – <i>1 copy</i>                                                                       | - PEE/REE/RME ( <i>Private Practitioner</i> )                                         |
| 4. TCT / Deed of Absolute Sale – <i>1 Certified True Copy</i>                                                                               | - Registry of Deeds / Applicant                                                       |
| 5. Contract of Lease – <i>1 photocopy</i>                                                                                                   | - Lessor                                                                              |
| 6. Tax Declaration of Land & Building – <i>1 Certified True Copy each</i>                                                                   | - City Assessor's Office                                                              |
| 7. Any government-issued ID card of the applicant owner and representative, if any – <i>1 photocopy each</i>                                | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA<br>(Phil ID / PSN) |
| 8. Notarized authorization letter / SPA of representative – <i>Original</i>                                                                 | - Applicant / Notary Public                                                           |
| 9. Notarized letter of consent or Affidavit of Undertaking (AoU) if not the lot owner – <i>1 original</i>                                   | - Lot owner / Notary Public                                                           |
| 10. Sketch of location with landmarks, picture of structure/building/house, all sides (exterior only) – <i>1 copy</i>                       | - Applicant                                                                           |
| 11. Homeowner's association (HOA) certification – <i>Original</i>                                                                           | - Homeowner's Association President or their authorized representative                |
| 12. Any government-issued ID card of the HOA President – <i>1 photocopy</i>                                                                 | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA<br>(Phil ID / PSN) |
| 13. Old MERALCO Bill or MERALCO Certification for Reconnection, Relocation, Remodeling, Net Metering, Transfer of Service – <i>Original</i> | - MERALCO Masinag Business Center                                                     |

| CHECKLIST OF REQUIREMENTS                                                                      | WHERE TO SECURE                                                                    |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <i>Additional Requirements:</i>                                                                |                                                                                    |
| 14. Approved Building / Occupancy Permit                                                       | - Applicant / OBO (Window 2)                                                       |
| 15. As-Built Electrical Plan signed & sealed by PEE                                            | - Professional Electrical Engineer<br>(Private Practitioner)                       |
| 16. Updated PRC ID & PTR of PEE – 1 photocopy each                                             | - Professional Electrical Engineer<br>(Private Practitioner)                       |
| <b>C. Temporary Wiring Permit (for Construction Purposes with Building Permit)</b>             |                                                                                    |
| 1. Duly accomplished Wiring Permit application                                                 | - Office of the Building Official (Window 1)                                       |
| 2. PRC ID and PTR of PEE/REE/RME<br>– 1 photocopy                                              | - PEE/REE/RME (Private Practitioner)                                               |
| 3. Electrical Layout and Load Schedule (temporary use)                                         | - PEE/REE/RME (Private Practitioner)                                               |
| 4. Sketch of location and with landmarks – 1 copy                                              | - Applicant                                                                        |
| 5. Photos of on-going construction/temporary barracks – 1 copy                                 | - Applicant                                                                        |
| 6. Any government-issued ID card of the applicant and representative, if any – 1 photocopy     | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |
| 7. Notarized authorization letter/Special Power of Attorney (SPA) of Representative            | - Applicant / Notary Public                                                        |
| 8. Approved Building Permit and Electrical Permit – 1 photocopy each (front and reverse sides) | - Applicant / OBO                                                                  |

| CLIENT STEPS                                                              | AGENCY ACTION                                     | FEES TO BE PAID | PROCESSING TIME               | PERSON RESPONSIBLE          |
|---------------------------------------------------------------------------|---------------------------------------------------|-----------------|-------------------------------|-----------------------------|
| <b>1. Application</b>                                                     |                                                   |                 |                               |                             |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Check the requirements as to completeness.        | None            | 15 min.                       | EPD Staff, Window 2         |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                             | None            |                               |                             |
| <b>2. Processing</b>                                                      |                                                   |                 |                               |                             |
| 2.1. None                                                                 | Conduct technical evaluation of the documents     | None            | 3 days                        | Evaluators, EPD             |
| 2.2 None                                                                  | Conduct inspection and prepare inspection report. | None            | (from submission to issuance) | Assigned Building Inspector |

| CLIENT STEPS                                                                                                     | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID                                | PROCESSING TIME                  | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------|-------------------------------------------------------|
| 2.3. None                                                                                                        | Consolidate and do final review of the Inspection Report and or Technical Evaluation.                                                                                                                       | None                                           |                                  | EPD Chief                                             |
| 2.4. Receive update from OBO.                                                                                    | If findings warrant approval of the application, advise the client to secure Order of Payment from OBO.<br><br>Otherwise, notify the client of the deficiency either through call/text, or registered mail. |                                                |                                  | EPD Staff                                             |
| <b>3. Payment</b>                                                                                                |                                                                                                                                                                                                             |                                                |                                  |                                                       |
| 3.1. Return to OBO and secure Order of Payment.                                                                  | Issue the Order of Payment.                                                                                                                                                                                 | None                                           |                                  | EPD Staff, Window 2                                   |
| 3.2 Proceed to the City Administrator's Office (CAO) for the approval of the Order of Payment.                   | Check and approve the Order of Payment.                                                                                                                                                                     | None                                           | (Refer to CAO's processing Time) | Authorized Signatory                                  |
| 3.3 Pay the required fees at the City Treasurer's Office (CTO)– Window 11/12/13 by showing the Order of Payment. | Receive the payment based on the Order of Payment.                                                                                                                                                          | Refer to PD 1096 Schedule of Fees (Appendix A) | (Refer to CTO's processing Time) | Revenue Collection Clerk                              |
| 3.4 Secure Official Receipt.                                                                                     | Issue the Official Receipt.                                                                                                                                                                                 | None                                           |                                  | Revenue Collection Clerk                              |
| 3.5 Show the original and submit two (2) photocopies of the Official Receipt to OBO.                             | Check the Official Receipt and receive the photocopies.                                                                                                                                                     | None                                           | Included in<br>3 days            | EPD Staff, Window 2                                   |
| 3.6 Get information as to the release date of the Wiring Permit and CFEI.                                        | Inform the client of the release date of the Wiring Permit and CFEI.                                                                                                                                        | None                                           | (from submission to issuance)    | EPD Staff, Window 2                                   |
| <b>4. Issuance</b>                                                                                               |                                                                                                                                                                                                             |                                                |                                  |                                                       |
| 4.1 None                                                                                                         | Process the Wiring Permit and CFEI for approval.                                                                                                                                                            | None                                           | 5 min.                           | EPD / Assistant Building Official / Building Official |
| 4.2 Return to OBO and submit the follow-up stub, valid ID and authorization letter, if applicable.               | Receive and check the documents and request the client to sign in the Release Log Book.                                                                                                                     | None                                           |                                  | EPD Staff, Window 2                                   |

| CLIENT STEPS                                                            | AGENCY ACTION                     | FEES TO BE PAID           | PROCESSING TIME                                                                            | PERSON RESPONSIBLE  |
|-------------------------------------------------------------------------|-----------------------------------|---------------------------|--------------------------------------------------------------------------------------------|---------------------|
| 4.3 Sign in the Release Log Book and secure the Wiring Permit and CFEI. | Issue the Wiring Permit and CFEI. | None                      |                                                                                            | EPD Staff, Window 2 |
|                                                                         | <b>TOTAL:</b>                     | Refer to Appendix A below | <b>3 days</b><br><i>(excluding the processing time of other offices/agencies involved)</i> |                     |

## 21. RESPONSE TO CITIZEN'S COMPLAINT

The Office of the Building Official (OBO) attends to all complaints for illegal construction / violation of PD 1096 (National Building Code of the Philippines) and its Implementing Rules and Regulations (IRR).

The concerned citizen may file a complaint directly to the Office of the Building Official (window 4) or send the scanned copies to [obozaopantipolo@gmail.com](mailto:obozaopantipolo@gmail.com) provided that the physical copies of the same shall be submitted to the office upon request.

### **Important note:**

*The following are the complaints that are **NOT under the jurisdiction of the Office of the Building Official**. The concerned citizen is hereby advised to consult a lawyer for the appropriate legal action to be filed on court.*

1. *Complaints pertaining to old/existing structures allegedly constructed by Informal Settler Families (ISFs) within a private property.*
2. *Encroachment of old/existing structures*

| <b>OFFICE / DIVISION:</b>                                                                                                                                           | OFFICE OF THE BUILDING OFFICIAL<br>ENFORCEMENT AND INSPECTION DIVISION<br>(EID)               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                              | Highly Technical                                                                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                        | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government |
| <b>WHO MAY AVAIL:</b>                                                                                                                                               | All                                                                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                           | WHERE TO SECURE                                                                               |
| 1. Verified letter of complaint (notarized) addressed to the Building Official, indicating among others, the complete name and address of the subject/establishment | - Concerned Citizen                                                                           |
| 2. Sketch of location of the subject of complaint with landmarks                                                                                                    | - Concerned Citizen                                                                           |
| 3. Photos of the subject matter (if possible)                                                                                                                       | - Concerned Citizen                                                                           |
| 4. Certification of No Ongoing Case                                                                                                                                 | -Regional/Municipal Trial Court (RTC/MTC)                                                     |
| 5. Certification from registered Geodetic Engineer<br><i>(if nature of complaint is an alleged encroachment of newly constructed/ongoing construction)</i>          | - Registered Geodetic Engineer                                                                |
| 6. Any government-issued ID card of the applicant and representative, if any – 1 photocopy                                                                          | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)            |
| 7. Special Power of Attorney (SPA)<br>- <i>If Representative</i>                                                                                                    | - Representative/ Notary Public                                                               |
| 8. Other supporting documents, if any                                                                                                                               |                                                                                               |



| CLIENT STEPS                                                              | AGENCY ACTION                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|---------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------|
| <b>1. Application</b>                                                     |                                                                      |                 |                 |                                              |
| 1.1 Submit the requirements to the Office of the Building Official (OBO). | Receive the requirements and register the complaint in the database. | None            | 10 min.         | - Office of the Building Official (Window 4) |
| 1.2. Secure follow-up stub.                                               | Issue follow-up stub.                                                | None            |                 |                                              |

|                                                                                 |                                                                                                                                                                  |      |         |                                           |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-------------------------------------------|
| <b>2. Processing</b>                                                            |                                                                                                                                                                  |      | 21 days |                                           |
| 2.1. Receive updates from the Enforcement and Inspection Division (EID) of OBO. | - Provide a directive.                                                                                                                                           | None |         | - Office of the Building Official         |
| 2.2. None                                                                       | - Validate the complaint and assign an inspector.                                                                                                                | None |         | EID Chief                                 |
|                                                                                 | - Conduct inspection and or issue a 3-day Notice of Violation (NOV).                                                                                             |      |         | Assigned Inspector                        |
|                                                                                 | - Submit Inspection Report to the EID Chief and update the complainant on the initial action taken.                                                              |      |         | Assigned Inspector                        |
|                                                                                 | - For non-compliance of the respondent with the 3-day NOV, issue a 5- day Notice to File Action (NTFA) and update the complainant of the follow-up action taken. |      |         | Enforcement and Inspection Division (EID) |
|                                                                                 | - For non-compliance of the respondent with the 5-day NTFA, prepare complaint affidavit and file the same with the Office of the City Prosecutor.                |      |         | Enforcement and Inspection Division (EID) |
|                                                                                 | - Update the complainant of the final action taken.                                                                                                              |      |         | EID Staff                                 |
|                                                                                 | <b>TOTAL:</b>                                                                                                                                                    | None | 21 days |                                           |





## **Office of the City Engineer External Services**



## 1) ISSUANCE OF EXCAVATION AND OR POLE PERMITS

The Office of the City Engineer (OCE) issues excavation and or pole permits for installation of water distribution lines, lateral and cross drains, electrical power, telecommunications and cable lines.

|                              |                                                                       |
|------------------------------|-----------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | OFFICE OF THE CCITY ENGINEER (OCE)                                    |
| <b>CLASSIFICATION:</b>       | Complex                                                               |
| <b>TYPES OF TRANSACTION:</b> | G2C – Government to Citizen<br>G2B – Government to Business           |
| <b>WHO MAY AVAIL:</b>        | Utility companies, construction companies, residents of Antipolo City |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                     | WHERE TO SECURE                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| GENERAL REQUIREMENTS                                                                                                                                                                                                                          |                                                                    |
| 1. Duly accomplished application form                                                                                                                                                                                                         | Office of the City Engineer                                        |
| 2. Any government-issued ID card – 1 photocopy                                                                                                                                                                                                | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA   |
| 3. Construction drawings / location plan – Original, 3 sets                                                                                                                                                                                   | Contractor / applicant                                             |
| 4. Location and excavation plans / details signed and sealed by the professional concerned except for the individual water connection and the like – Original copy                                                                            | Contractor / applicant                                             |
| 5. PRC ID card and Professional Tax Receipt (PTR) of the licensed professional concerned – original and 1 photocopy                                                                                                                           | Professional Regulatory Commission (PRC) / City Treasurer's Office |
| 6. Contract of Agreement, Notice of Award, Total Project Cost – Original copy                                                                                                                                                                 | Proponent of the contract (utility company)                        |
| 7. Barangay Clearance issued by the Punong Barangay who has jurisdiction over the project area – Original and 1 photocopy                                                                                                                     | Barangay Hall                                                      |
| 8. Mayors Permit – Original and 1 photocopy                                                                                                                                                                                                   | Business Permit and Licensing Office (BPLO)                        |
| 9. Restoration Deposit – to guarantee that the contractor, upon completion of the project, shall restore the damaged road and other structures to its original condition in accordance with the standards of acceptance prescribed by the OCE | Cash Bond / Surety as may be deemed necessary by the OCE           |
| 10. Maintenance Bond – to be utilized by the City Government in case there is a failure or defects as a result of poor workmanship in restoring the damaged areas done by the contractor within one (1) year from completion of the project   | Cash Bond / Surety as may be deemed necessary by the OCE           |
| 11. Construction Bond – to answer for the consequential damage on the roadway or any portion thereof, which is not covered by the excavation permit and would require repairs and restoration to its original condition.                      | Cash Bond / Surety as may be deemed necessary by the OCE           |
| OTHER REQUIREMENTS:                                                                                                                                                                                                                           |                                                                    |
| A. For Programmed Works                                                                                                                                                                                                                       |                                                                    |
| A.1. For Main Pipe Water Service Installation                                                                                                                                                                                                 |                                                                    |
| a. Request Letter / Slip                                                                                                                                                                                                                      | Client                                                             |

|                                                                                                                                                                                        |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| b. Bill of Materials and Detailed Estimate of the Project – Original and 1 photocopy                                                                                                   | Contractor / applicant               |
| c. Proposed Construction schedule of PERT/CPM/Bar Chart – Original and 1 Photocopy                                                                                                     | Contractor / applicant               |
| d. Secretary's Certificate – 1 photocopy or Notarized affidavit authorizing the representative to secure the permit – Original                                                         | Contractor / applicant               |
| e. Street Map showing the adjusted traffic flow/pattern to be submitted to and subject to the approval of the OPSS in cases where traffic rerouting is considered necessary – Original | Office of Public Safety and Security |

|                                                                                                                          |                                                             |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| f. Clearance from the District Engineer of DPWH if the exaction project is located along a National Road – Original copy | Rizal 1 <sup>st</sup> District Engineering Office           |
| g. Clearance from the Provincial Engineer if the excavation project is located along a provincial road – Original copy   | Office of the Provincial Engineer, Rizal Provincial Capitol |
| A.2. For Individual House Water Service Connection                                                                       |                                                             |
| a. Pre-inspection / evaluation report by the utility company – Original copy                                             | Manila Water Rizal Office                                   |

#### **PROCESSING FEE**

|                                                |          |
|------------------------------------------------|----------|
| Service Poles for houses connection .....      | P 200.00 |
| Individual Water Service connection .....      | P 200.00 |
| Utility Poles .....                            | P 200.00 |
| Power/Communication cabinet installation ..... | P 200.00 |

#### **EXCAVATION PERMIT FEE**

For lineal meters (lm) or less but not over the minimum trench width of 0.50 meters  
..... P 500.00

Over and above 50 lineal meters ..... P 50.00 / lm

Over and above 0.50 meters trench width ..... P 50.00 / sq.m

For installation of wooden / concrete utility pole ..... P 200.00 / pole

Outdoor Cable lines installation permit fee

These apply to repairs, changes of lines which have not been previously paid for before the adoption of City Ordinance No. 2018-863.

Existing power lines ..... (Exempted)

New power lines ..... P 5.00 / meter

Communication lines per cable ..... P 5.00 / meter

Other equipment and apparatus

Power system

Each transformer up to 1 kva. .... P 1,000.00

Every fraction thereof in excess of 1 kva. .... P 1.00

Each transformer up to 2 kva. .... P 2,000.00

Every fraction thereof in excess of 2 kva. .... P 2.00

Communication system

Each public phone ..... P 1,000.00

Plant cable network cabinet..... P 2,000.00

#### **RESTORATION FEE**

Concrete Pavement

| Thickness | per | 7 days     | 14 days    | 28 days    |
|-----------|-----|------------|------------|------------|
| 12"       | sqm | P 3,606.06 | P 3,471.81 | P 3,120.03 |
| 10"       | sqm | P 3,077.45 | P 2,965.58 | P 2,676.42 |
| 9"        | sqm | P 2,878.08 | P 2,775.15 | P 2,515.45 |

|    |     |            |            |            |
|----|-----|------------|------------|------------|
| 8" | sqm | P 2,544.62 | P 2,456.61 | P 2,220.40 |
| 7" | sqm | P 2,337.38 | P 2,256.84 | P 2,045.78 |
| 6" | sqm | P 2,020.23 | P 1,953.11 | P 1,777.22 |
| 5" | sqm | P 1,808.78 | P 1,750.59 | P 1,598.16 |
| 4" | sqm | P 1,491.63 | P 1,446.86 | P 1,329.60 |

|                             |                 |
|-----------------------------|-----------------|
| Asphalt Pavement .....      | P 1,257.68/sqm  |
| Macadam Pavement .....      | P 295.74/sqm    |
| Concrete Sidewalk .....     | P 1,136.51/sqm  |
| Macadam Sidewalk .....      | P 295.74/sqm    |
| Curb and Gutter .....       | P 1,199.63/sqm  |
| RCCP                        |                 |
| 12" dia.                    | P 3,329.27      |
| 15" dia.                    | P 4,052.39      |
| 18" dia.                    | P 4,775.51      |
| 24" dia.                    | P 6,422.04      |
| 30" dia.                    | P 8,152.39      |
| 36" dia.                    | P 10,727.12     |
| 42" dia.                    | P 12,202.67     |
| 48" dia.                    | P 13,539.08     |
| 60" dia.                    | P 17,900.27     |
| 6" CHB Open Lined Canal     |                 |
| 3 – Layers                  | P 6,613.74      |
| 2 – Layers                  | P 5,997.35      |
| 6" CHB Lined Canal w/ cover |                 |
| 3 – Layers                  | P 7,791.41      |
| 2 – Layers                  | P 7,096.08      |
| 6" CHB Covered Canal        |                 |
| 3 – Layers                  | 2 - Layers      |
| 0.3m P 4,938.94             | 0.3m P 4,470.38 |
| 0.4m P 5,067.56             | 0.4m P 4,601.63 |
| 0.5m P 5,197.50             | 0.5m P 4,731.56 |
| 0.6m P 5,323.50             | 0.6m P 4,864.13 |
| 0.7m P 5,461.31             | 0.7m P 4,996.69 |

#### Drainage Manhole

|                                           |                 |
|-------------------------------------------|-----------------|
| CHB Wall (1.4m x 1.4m)                    | P 33,927.68/pc  |
| RC Wall (1.6m x 1.6m)                     | P 40,312.51/pc  |
| Reinforced Concrete Box Culvert (RCBC)    | P 9,329.21/sqm  |
| Ornamental Lamp Post                      | P 3,000.00/unit |
| Waiting Shed                              | P 7,500.00/unit |
| Street Sign Post                          | P 3,000.00/unit |
| City Owned Traffic Lighting System/others | As computed     |

**ENGINEERING SUPERVISION FEE** - Amount shall be equivalent to three percent (3%) of the total cost of Excavation and Restoration works as per contract

**PAYMENT OF BONDS/DEPOSIT** – This could be paid in Cash or Manager's Check as may be prescribed by the City Engineer.

**RESTORATION DEPOSIT** – restoration cost is based on restoration rates as herein established, multiplied by the factor of 1.5.

**MAINTENANCE BOND** –the amount of bond shall be the reasonable amount as may be determined by the OCE, which is necessary in the proper maintenance of excavation works during its implementing period that is equivalent to 25% of the total amount of Restoration Deposit.

**PROCESS OF AVAILING THE SERVICE:**

| CLIENT'S STEPS                                                                                                              | AGENCIES ACTION                                                                                                                                        | TRANSACTION TIME | RESPONSIBLE PERSON                                      |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| 1. Submit the requirements to the Office of the City Engineer (OCE).                                                        | Receive requirements for initial evaluation and assessment                                                                                             | 1 day            | Administrative Staff<br>Receiving/<br>Releasing Section |
| 2. None                                                                                                                     | Evaluate the documents as to technical standards and requirements.                                                                                     | 1 day            | Assistant City Engineer / City Engineer                 |
| 2.1 Obtain information as to the schedule of site investigation to be conducted by the OCE and other stakeholders concerned | Contact the applicant and other stakeholders concerned for the conduct of a joint site investigation and then turn the documents over to the inspector |                  | Administrative Staff                                    |
| 3. Extend cooperation during the site investigation.                                                                        | Conduct site investigation jointly with the applicant and other stakeholders concerned (for mainline excavation and other programmed works).           | 1 day            | Inspector and Representative of other utility companies |
| 3.1 None                                                                                                                    | Endorse to OPSS for the issuance of Traffic Clearance, and approval of the traffic rerouting plan, if necessary                                        |                  | City Engineer                                           |
| 4. Secure traffic Clearance                                                                                                 | Issue the Traffic Clearance                                                                                                                            | 1 day            | OPSS Traffic Management Division                        |
| 4.1 Return to the OCE and submit the Traffic Clearance and/or traffic rerouting plan for assessment of fees                 | Receive the documents and forward to assessment clerk                                                                                                  |                  | Administrative Staff<br>Receiving/<br>Releasing Section |
| 4.2 None                                                                                                                    |                                                                                                                                                        |                  |                                                         |

|                                                                                                                                         |                                                                                                                                 |                           |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------|
| 4.3 Secure Order of Payment                                                                                                             | Assess permit fees and charges<br><br>Issue the Order of Payment                                                                |                           | Assessment Clerk<br><br>Administrative Staff Receiving/ Releasing Section |
| 5. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at Window 11/12/13. Secure the Official Receipt | Receive payment based on the Order of Payment. Issue the Official Receipt                                                       | 3 minutes                 | Revenue Clerk                                                             |
| 6. Return to the OCE and secure Excavation Permit by showing the Official Receipt                                                       | Check the Official Receipt.                                                                                                     | 1 minutes                 | Administrative Staff Receiving/ Releasing Section                         |
| 6.1 None                                                                                                                                |                                                                                                                                 | 5 minutes                 | Evaluation Clerk                                                          |
| 6.2 None                                                                                                                                | Prepare the Excavation Permit                                                                                                   | 2 minutes                 | Assistant City Engineer / City Engineer                                   |
| 6.3 Sign in the Release Log Book and receive the Excavation Permit                                                                      | Review and sign the Excavation Permit<br><br>Request the Client to sign in the Release Log Book and Issue the Excavation Permit | 3 minutes                 | Administrative Staff Receiving/ Releasing Section                         |
| <b>TOTAL (for excavation other than mainline excavation / programmed works):</b>                                                        |                                                                                                                                 | <b>4 days, 14 minutes</b> |                                                                           |
| <b>TOTAL (for mainline excavation and other programmed works):</b>                                                                      |                                                                                                                                 | <b>3 days, 14 minutes</b> |                                                                           |



## 2) ISSUANCE OF COPY OF BUILDING PLAN AND OTHER DATA

The Office of the City Engineer (OCE) provides assistance to students requesting for copies of plans of government owned buildings and other data that they will use for research purposes only in compliance with their school's requirement.

|                              |                                                                                   |
|------------------------------|-----------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | OFFICE OF THE CITY ENGINEER / ADMINISTRATIVE DIVISION and INFRASTRUCTURE DIVISION |
| <b>CLASSIFICATION:</b>       | Simple                                                                            |
| <b>TYPES OF TRANSACTION:</b> | G2C – Government to Citizen                                                       |
| <b>WHO MAY AVAIL:</b>        | Senior High School and College Students                                           |

| CHECKLIST OF REQUIREMENTS                                                                |                                                                                                   | WHERE TO SECURE   |                                                   |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------|
| 1. Letter of request addressed to the City Mayor thru the City Engineer                  |                                                                                                   | Client            |                                                   |
| CLIENT'S STEPS                                                                           | AGENCIES ACTION                                                                                   | TRANSACTION TIME  | RESPONSIBLE PERSON                                |
| 1. Submit letter of request to the Office of the City Engineer – Administrative Division | 1. Receive the letter and start processing the request.                                           | 3 minutes         | Administrative Staff Receiving/ Releasing Section |
| 1.1 Wait at the holding area.                                                            | 1.1 Provide written instruction to staff.                                                         | 10 minutes        | City Engineer                                     |
| 1.2 None                                                                                 | 1.2 Forward to the Infrastructure Division / Planning and Design Division for appropriate action. | 3 minutes         | Administrative Staff Receiving/ Releasing Section |
| 1.3 None                                                                                 | 1.3 Check records and retrieve available documents on file.                                       | 15 minutes        | Records Custodian                                 |
|                                                                                          | Photocopy the documents                                                                           | 5 minutes         | Records Custodian                                 |
| 2. Sign in the Release Log and receive the documents                                     | Request the client to sign the Release Log Book and issue the documents.                          | 3 minutes         | Administrative Staff Receiving/ Releasing Section |
|                                                                                          | <b>TOTAL:</b>                                                                                     | <b>39 minutes</b> |                                                   |



**Public Employment Service Office  
(PESO)  
External Services**



## 1. ISSUANCE OF CERTIFICATION OF ACCREDITATION AND OR POSTING OF JOB VACANCIES

Employers may visit the Public Employment Service Office (PESO), or request via e-mail for accreditation by the City Government through PESO, subsequent issuance of certificate of accreditation and or posting of job vacancies

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                             | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION /<br>RECORDS & ADMINISTRATIVE SUPPORT SERVICES |                                                                                                                                                                                                                                                                                                                      |                    |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Simple                                                                                                             |                                                                                                                                                                                                                                                                                                                      |                    |                                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                             | G2B – Government to Business                                                                                       |                                                                                                                                                                                                                                                                                                                      |                    |                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                    | Accredited Employers (Local & Overseas)                                                                            |                                                                                                                                                                                                                                                                                                                      |                    |                                             |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | WHERE TO SECURE                                                                                                                                                                                                                                                                                                      |                    |                                             |
| 1. Letter of Intent for Accreditation – Original<br>2. Company Profile – 1 photocopy<br>3. Mayor's (Business) Permit – 1 photocopy<br>4. DTI / SEC / CDA Registration – 1 photocopy<br><br>5. DOLE Registration / License – 1 photocopy<br><br>6. Certificate of No Pending Case (for manpower agencies only) – 1 photocopy<br>7. List of Job Vacancies with Qualifications and Number of Vacant Positions – 1 photocopy |                                                                                                                    | - Client<br>- Client<br>- Business Permits and Licensing Office<br>- Department of Trade and Industry /<br>Securities and Exchange Commission /<br>Cooperative Development Authority<br>- Department of Labor and Employment<br>(DOLE) - Rizal Provincial Office<br>- DOLE - Rizal Provincial Office<br><br>- Client |                    |                                             |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                             | AGENCY ACTION                                                                                                      | FEES<br>TO<br>BE<br>PAID                                                                                                                                                                                                                                                                                             | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                       |
| 1. Submit the requirements to PESO or email the same to <a href="mailto:peso_antipolo2014@yahoo.com">peso_antipolo2014@yahoo.com</a>                                                                                                                                                                                                                                                                                     | 1. Receive and check the requirements as to validity and completeness.                                             | None                                                                                                                                                                                                                                                                                                                 | 1 day              | Employment Facilitation Staff               |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.1 Evaluate the documents.                                                                                        | None                                                                                                                                                                                                                                                                                                                 |                    | Employment Facilitation Staff               |
| 1.2 None                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.2 Prepare the Employer's Certificate of Accreditation.                                                           | None                                                                                                                                                                                                                                                                                                                 |                    | Employment Facilitation Staff               |
| 1.3 None                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.3. Review and sign the Certificate.                                                                              | None                                                                                                                                                                                                                                                                                                                 |                    | Administrative Services Staff/<br>PESO Head |

|                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|-----------------------------------------------------------|
| <p>2. Sign in the Release Log Book and secure the Employer's Certificate of Accreditation.</p> <p>For online request, visit PESO to claim the Certificate.</p> | <p>2. Request the client to sign in the Release Log Book and issue the Certificate.</p>                                                                                                                                                                                                                                                                                                                                                                                                                       | None |                                                                | Employment Facilitation Staff                             |
| <p>3. For the posting of job vacancies, provide the list thereof to PESO.</p>                                                                                  | <p>3. Receive the List of Job Vacancies for posting on the bulletin board of PESO.</p> <p>3.1 Furnish and post the Job Vacancies Solicited to the following:</p> <p>a. Public Information Office (PIO) – for the weekly / monthly posting on the Antipolo City Gov Facebook page</p> <p>b. City Human Resource Management Office – for posting on its bulletin board</p> <p>c. City Hall Annex I – IV – for posting on their bulletin boards.</p> <p>3.2 Post the job vacancies solicited at PESO FB page</p> | None | 1 day                                                          | Employment Facilitation Section – Administrative Services |
|                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None | <b>1 day – for Accreditation only</b>                          |                                                           |
|                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None | <b>2 days – for Accreditation and Posting of Job Vacancies</b> |                                                           |

## 2. ISSUANCE OF JOB REFERRAL / LETTER OF RECOMMENDATION FOR JOB APPLICATIONS

The Public Employment Services Office or PESO provides employment assistance to applicants / job seekers through referral / recommendation. Applicants undergo a pre-qualification process which consists of job matching and counseling, among others prior to the issuance of job referral / recommendation letter addressed to prospective employer/s. To apply for a job through the assistance of PESO, job seekers are advised to provide a complete set of requirements, neatly prepared, no erasure and no folding.

|                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                     |                        |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------|------------------------|-------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                   | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION                         |                                     |                        |                                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                         | Complex                                                                                     |                                     |                        |                                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                   | G2C – Government to Citizen                                                                 |                                     |                        |                                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                          | Job applicants                                                                              |                                     |                        |                                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                               |                                                                                             | <b>WHERE TO SECURE</b>              |                        |                                           |
| 1. Bio-Data/Resume with 2X2 ID Picture – Original<br>2. Public Employment Information System (PEIS) DOLE Registration Form – to be accomplished by the client                                                                                                                                                                  |                                                                                             | - Client<br>- PESO, or DOLE website |                        |                                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                        | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                 |
| 1. Submit the requirements to PESO, or email at <a href="mailto:peso_antipolo2014@yahoo.com">peso_antipolo2014@yahoo.com</a> / <a href="mailto:peso.antipolo@gmail.com">peso.antipolo@gmail.com</a> , or Register online at <a href="http://www.bit.ly/PESOAntipoloJobApplication">www.bit.ly/PESOAntipoloJobApplication</a> . | 1. Receive the requirements / acknowledge receipt of the email.                             | None                                | 1 day                  |                                           |
| 1.1 None                                                                                                                                                                                                                                                                                                                       | 1.1 Check the client's credentials against the List of Job Vacancies.                       | None                                |                        |                                           |
| 1.2 None                                                                                                                                                                                                                                                                                                                       | 1.2 Inform the client of the available job vacancies that match his/her credentials.        | None                                |                        |                                           |
| 2. After passing an online job interview, secure Job Referral/ Letter of Recommendation.                                                                                                                                                                                                                                       | 2. Prepare the Job Referral / Letter of Recommendation for review and signing by PESO Head. | None                                | 5 days                 | Employment Facilitation Staff / PESO Head |
| 2.1 Sign in the Release Log Book and receive the Job Referral.                                                                                                                                                                                                                                                                 | 2.1 Request the client to sign in the Release Log Book and issue the Job Referral.          |                                     |                        | Employment Facilitation Staff             |

|  |               |             |               |  |
|--|---------------|-------------|---------------|--|
|  | <b>TOTAL:</b> | <b>None</b> | <b>6 days</b> |  |
|--|---------------|-------------|---------------|--|

### 3. ISSUANCE OF MAYOR'S OCCUPATIONAL / WORK PERMIT

Any and all individuals who are newly hired by employers within the territorial jurisdiction of Antipolo are required to secure Mayor's Occupational/Work Permit which they have to submit to their respective employers as part of their credentials.

Renewal of the Mayor's Occupational/Work Permits of individuals who are already employed in the City of Antipolo, except those who are working in government offices and barangays, shall be undertaken by their respective employers within the month of January of every year. Penalties shall be imposed upon individuals who failed to renew their Mayor's Permit within the period of January 1 to 31.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                  | PUBLIC EMPLOYMENT SERVICE OFFICE<br>OCCUPATION/WORK PERMIT SECTION                   |                                                                                       |                            |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                        | Complex                                                                              |                                                                                       |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen                                                          |                                                                                       |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                         | Job applicants                                                                       |                                                                                       |                            |                               |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | WHERE TO SECURE                                                                       |                            |                               |
| <b><i>For Walk-In Clients:</i></b><br>1. Health Certificate for workers engaged in food/eatery establishments and workers engaged in night or night and day establishments – Original copy<br><br>2. Latest Work Permit ID Card, for renewal – Original copy<br><br><b><i>For Online Registrants:</i></b><br>1. Screen shot or present the printed copy of the reference code |                                                                                      | - City Health Office<br><br>- Client<br><br>-app3.epi-clearance.com/mc/rizal/antipolo |                            |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                                                                        | FEES TO BE PAID                                                                       | PROCESSING TIME            | PERSON RESPONSIBLE            |
| <b>FOR INDIVIDUAL:</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                       |                            |                               |
| 1. Visit PESO and or register on line at <a href="http://app3.epi-clearance.com/mc/rizal/antipolo">app3.epi-clearance.com/mc/rizal/antipolo</a><br><br>1.1 Screenshot or print the reference code and present to PESO when securing work permit                                                                                                                               | 1. Issue Occupation/Work Permit Assessment Form and Order of Payment                 | None                                                                                  | 5 minutes                  | Occupation/ Work Permit Staff |
| 2. Pay the required fees at the Cashier Section, 3 <sup>rd</sup> Floor of the Main City Hall Building by showing the Assessment/Order of Payment.                                                                                                                                                                                                                             | 2. Accept the payment based on the Order of Payment.                                 | Permit Fee-Php30 0.00 per annum                                                       | 3 minutes                  | Revenue Collection Clerk      |
| 3. Return to PESO and present the Official Receipt for the issuance of Mayor's Occupational / Work Permit                                                                                                                                                                                                                                                                     | 3. Check the Official Receipt.<br><br>3.1. Verify the applicant's data in the system | None<br><br>None                                                                      | 1 minutes<br><br>2 minutes | Occupation/ Work Permit Staff |

|  |                                     |                                        |                   |                                     |
|--|-------------------------------------|----------------------------------------|-------------------|-------------------------------------|
|  | 3.1. Process the data in the system |                                        | 3 minutes         | Partner Service Provider (Eastland) |
|  | 3.2. Issue the work permit ID Card  |                                        | 1minute           |                                     |
|  | <b>TOTAL:</b>                       | <b>Permit Fee: Php300.00 per annum</b> | <b>15 minutes</b> |                                     |

**FOR COMPANIES:**

| CLIENT STEPS                                                                                                                                                                                                       | AGENCY ACTION                                                                                                     | FEES TO BE PAID                        | PROCESSING TIME                | PERSON RESPONSIBLE                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|---------------------------------------|
| 1. Visit PESO and secure None-Appearance forms for your employees and or register your employees on line at <a href="http://app3.epi-clearance.com/mc/rizal/antipolo">app3.epi-clearance.com/mc/rizal/antipolo</a> | 1. Receive the forms and check as to validity.                                                                    | None                                   | 2 minutes                      | Occupation/ Work Permit Staff         |
| 1.1 Submit the duly accomplished none-appearance forms and or print their reference codes and submit to PESO with the photocopy of your company's business permit official receipt when securing work permit       | 1.1 Check the Company's Official Receipt as to number of employees covered by the receipt or paid by the company. |                                        | 6 minutes                      |                                       |
|                                                                                                                                                                                                                    | 1.2 Record and endorse the forms to Eastland (Service Provider) for the preparation of occupation/work permits.   |                                        | 3 days                         | Service Provider (Eastland Print Ink) |
|                                                                                                                                                                                                                    | 1.3 PESO to inform the company and issue the work permit ID Cards                                                 |                                        | 2 minutes                      |                                       |
|                                                                                                                                                                                                                    | <b>TOTAL:</b>                                                                                                     | <b>Permit Fee: Php300.00 per annum</b> | <b>3 days &amp; 10 minutes</b> |                                       |



#### 4. JOB FAIR CLEARANCE FACILITATION SERVICES

The City Government welcomes all accredited employers who intend to conduct job fairs in Antipolo City. Proponents have to coordinate with the Public Employment Service Office (PESO) at least two (2) weeks prior to the conduct of a job fair activity for the processing of Job Fair Clearance to be issued by the Department of Labor and Employment (DOLE). The PESO facilitates the preparation, approval and delivery to DOLE of the Request for Job Fair Clearance signed by the City Mayor.

|                                                                                                                                                                                                      |                                                                                 |                                |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                         | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION             |                                |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                               | Complex                                                                         |                                |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                     | G2B – Government to Business                                                    |                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                | Project contractors of the City Government of Antipolo                          |                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                     |                                                                                 | <b>WHERE TO SECURE</b>         |                            |                               |
| 1. Letter of request addressed to the City Mayor thru the PESO Head Indicating the following information, among others:<br>a. Contact person<br>b. Contact number<br>c. Other details of the request |                                                                                 | - Client                       |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                            | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the letter of request to PESO.                                                                                                                                                             | 1. Receive the requirement.                                                     | None                           | 7 days                     | Employment Facilitation Staff |
| 1.2 None                                                                                                                                                                                             | 1.1 Check the availability of the requested date for the job fair.              | None                           |                            | Employment Facilitation Staff |
| 1.3 None                                                                                                                                                                                             | 1.2 Prepare the letter of request to DOLE for Clearance to Conduct Job Fair.    | None                           |                            | Employment Facilitation Staff |
|                                                                                                                                                                                                      | 1.3 Review and endorse the letter to the City Mayor for approval and signature. | None                           |                            | PESO Head / City Mayor        |
|                                                                                                                                                                                                      | 1.4 Submit to DOLE the Letter of Request for Job Fair Clearance.                | None                           |                            | Employment Facilitation Staff |
|                                                                                                                                                                                                      | <b>TOTAL:</b>                                                                   | <b>None</b>                    | <b>10 days</b>             |                               |

## 5. PROVISION OF ASSISTANCE TO EMPLOYERS FOR THE BROWSING OF APPLICANTS

The Public Employment Service Office (PESO) maintains a compilation of all Public Employment Information System (PEIS) DOLE Registration Form accomplished by job seekers / applicants for future reference purposes such as but not limited to browsing of applicants by accredited employers.

|                                  |                                                                                                                    |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION /<br>RECORDS & ADMINISTRATIVE SUPPORT SERVICES |
| <b>CLASSIFICATION:</b>           | Simple/Complex                                                                                                     |
| <b>TYPES OF TRANSACTION:</b>     | G2B – Government to Business                                                                                       |
| <b>WHO MAY AVAIL:</b>            | Job applicants                                                                                                     |
| <b>CHECKLIST OF REQUIREMENTS</b> | <b>WHERE TO SECURE</b>                                                                                             |
| 1. Letter of request             | - Client                                                                                                           |

### FOR WALK-IN CLIENTS:

| CLIENT STEPS                                                                                                                       | AGENCY ACTION                                                                                                             | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| 1. Submit the requirement to PESO.                                                                                                 | 1. Receive the requirement and check the request.                                                                         | None            | 1 day           | Employment Facilitation Staff/Labor Employment Officer II |
| 1.1 Receive the PEIS records (and or available resumes) and secure a blank Summary Report Form.                                    | 1.1 Give the list of applicants / PEIS records on file (and or available resumes) then issue a blank Summary Report Form. | None            |                 |                                                           |
| 2. Browse the PEIS Records (and or the available resumes) then accomplish the blank Summary Report Form with qualified applicants. | 2. Attend to queries or clarifications of the client, if any.                                                             | None            |                 | Records and Administrative Services Staff                 |
| 3. Return the PEIS Record/Resumes' and provide PESO with photocopy of the accomplished Summary Report Form.                        | 3. Receive the PEIS Record and photocopy of the Summary Report Form.                                                      | None            |                 | Employment Facilitation Staff                             |
|                                                                                                                                    | <b>TOTAL:</b>                                                                                                             | <b>None</b>     | <b>1 day</b>    |                                                           |

**FOR ONLINE REQUEST:**

| <b>CLIENT STEPS</b>                                                                                                                        | <b>AGENCY ACTION</b>                                                                                                              | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------------|
| 1. Email request to PESO at <u>peso_antipolo2014@yahoo.com</u> .<br><br>1.1 Acknowledge receipt of the reply / e-mail and its attachments. | 1. Check the email.<br><br>1.1 Reply to the e-mail attached the List of Applicants in PEIS Forms and a blank Summary Report Form. | None<br><br>None       | 5 days                 | Employment Facilitation Staff/Labor Employment Officer II |
| 2. Browse the PEIS Record and accomplish the blank Summary Report Form with qualified applicants.                                          | 2. Attend to queries or clarifications of the client, if any.                                                                     | None                   |                        | Records and Administrative Services Staff                 |
| 3. Email to PESO an e-copy of the accomplished Summary Report Form.                                                                        | 3. Acknowledge receipt of the e-mail and its attachments.                                                                         | None                   |                        | Employment Facilitation Staff                             |
|                                                                                                                                            | <b>TOTAL:</b>                                                                                                                     | <b>None</b>            | <b>5 days</b>          |                                                           |

## 6. SPES FACILITATION SERVICES

Pursuant to Republic Act No. 9547 otherwise known as the “**Special Program for the Employment of Students (SPES)**”, employment facilitation services for applicants to the program are being done by the Public Employment Service Office (PESO). SPES is an employment bridging program during Summer or Christmas vacation that aims to augment the family’s income of poor but deserving students, out-of-school youth (OSY) or dependents of displaced workers who intend to finish their education. After passing the prescreening stage, SPES beneficiaries shall return to PESO for orientation and contract signing prior to the start of their employment.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                              | PUBLIC EMPLOYMENT SERVICE OFFICE<br>PROGRAM FACILITATION SECTION                                                                                                                                                                                           |                                                                                                                                                                                                                           |                 |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                    | Complex                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                 |                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                              | G2C – Government to Citizen                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                 |                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                     | Residents of Antipolo City, at least 15 but not more 30 years of age (students with no failing grades / OSY / dependents of displaced / would be displaced workers) whose combined net income after tax of parents does not exceed PhP168,500.00 per annum |                                                                                                                                                                                                                           |                 |                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                           |                 |                            |
| 1. Bio-Data/Resume with 2X2 ID Picture – Original<br>2. SPES Application Form – 1 copy<br><br>3. Certificate of Birth – 1 photocopy<br>4. School Report Card (Form 138), or Student’s Class Cards – Certified True Copy<br>5. School Registration Form<br>6. Certificate of Indigency<br>7. Out-of-School Youth (OSY) Certificate for OSY |                                                                                                                                                                                                                                                            | - Client<br>- PESO / Downloadable Forms at <a href="http://dole.gov.ph">dole.gov.ph</a><br>- PSA / Civil Registrar’s Office<br>- School last attended<br><br>- School last attended<br>- Barangay Hall<br>- Barangay Hall |                 |                            |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                              | AGENCY ACTION                                                                                                                                                                                                                                              | FEES TO BE PAID                                                                                                                                                                                                           | PROCESSING TIME | PERSON RESPONSIBLE         |
| 1. Submit the requirements to PESO thru:<br><br>a. Drop box located in front of PESO.<br><br>b. Online registration at <a href="http://bit.ly/SPESAntipolo">bit.ly/SPESAntipolo</a> .                                                                                                                                                     | 1. Receive and check the requirements / Acknowledge the receipt of the application.                                                                                                                                                                        | None                                                                                                                                                                                                                      | 1 day           | Program Facilitation Staff |
| 2. Wait for a call from PESO and submit to interview.<br><br>2.1 Get schedule of draw lots, orientation via zoom, contract signing and work deployment.                                                                                                                                                                                   | 2. Call the client for screening and or interview.<br><br>2.1 Inform the client of the schedule of draw lots, orientation via zoom, contract signing and work deployment.                                                                                  | None                                                                                                                                                                                                                      | 6 days          | Program Facilitation Staff |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            | <b>None</b>                                                                                                                                                                                                               | <b>7 days</b>   |                            |

## 7. OFW HELPDESK

Pursuant to RDC Resolution No. IV-A-119-2017 entitled, "Approving the Call For All Cities and Municipalities in the Region to Create a Migration and Development council, Migration Resource Center or Help Desk "Local Migration and Development Council was formed through Executive Order 02 series of 2018 designating the Public Employment Service Office as the focal unit and OFW Helpdesk in the city to increase access or assistance to OFs/OFWs including their children and City Ordinance No. 2020-959 "An Ordinance Creating Local Migration and Development Committee, Migration Resource Center for OFWs, Providing For Its Composition, And Appropriating Funds Therefor and For Other Purposes'.

|                                                                                                                       |                                                                                             |                                |                            |                               |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                          | PUBLIC EMPLOYMENT SERVICE OFFICE<br>PROGRAM FACILITATION SECTION                            |                                |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                | Complex                                                                                     |                                |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                      | G2C – Government to Citizen                                                                 |                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                 | OFWs (Returning and repatriated)                                                            |                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                      |                                                                                             |                                | <b>WHERE TO SECURE</b>     |                               |
| -Photocopy of passport<br>-Photocopy of Overseas Employment Contract<br>(For Returning OFW)<br>-Proof of Repatriation |                                                                                             |                                | -Client                    |                               |
| <b>CLIENT STEPS</b>                                                                                                   | <b>AGENCY ACTION</b>                                                                        | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Visit PESO at 4/F of Antipolo City Hall (Old) Bldg.                                                                | 1. Receive the OFW Case Intake Sheet and assess what kind of services to extend to the OFW. | NONE                           | 5 minutes                  | Program Facilitation Section  |
| 1.1 Register in the OFW log sheet and secure an OFW case intake sheet.                                                | 1.1 Refer the OFW to agencies/departments based on their needs as per assessment.           | NONE                           | 5 minutes                  |                               |
| 1.2 Fill-out the intake sheet and submit it to PESO for interview and assessment.                                     |                                                                                             |                                |                            |                               |
|                                                                                                                       | <b>TOTAL:</b>                                                                               | <b>None</b>                    | <b>10 minutes</b>          |                               |

## 8. APPLICATION FOR THE SPECIAL PROGRAM FOR THE EMPLOYMENT OF SENIOR CITIZENS AND PERSON WITH DISABILITIES

The Philippines has laws and regulations that mandate the inclusion of senior citizens and PWDs in the workforce. Republic Act No. 7432, as amended by Republic Act No. 9257, mandates the employment of senior citizens. Similarly, Republic Act No. 7277, or the Magna Carta for Disabled Persons, ensures the rights and privileges of PWDs, including employment opportunities. Employment of senior citizens and PWDs in the Philippines is not only a legal requirement but also a strategic decision that promotes inclusivity, diversity, and economic development while fulfilling corporate social responsibility obligations.

|                             |                                                                                                                                                                                                        |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Office or Division</b>   | PROGRAM FACILITATION SECTION                                                                                                                                                                           |
| <b>CLASSIFICATION</b>       | Simple                                                                                                                                                                                                 |
| <b>TYPES OF TRANSACTION</b> | Government to Private Sector                                                                                                                                                                           |
| <b>WHO MAY AVAIL</b>        | - Residents of Antipolo City<br><u><b>For Senior Citizens</b></u><br>- 60 years old up<br>- physically fit to work<br><br><u><b>For Persons With Disabilities</b></u><br>-18 years old to 35 years old |

| CHECKLIST OF REQUIREMENTS           | WHERE TO SECURE    |
|-------------------------------------|--------------------|
| Bio-Data/Resume with 2X2 ID Picture |                    |
| Medical/Health Permit               | City Health Office |
| Police/NBI Clearance                | PNP/NBI            |
| Occupation/Work Permit              | PESO               |
| Certificate of Indigency            | Barangay           |
|                                     |                    |

| CLIENT STEPS                                        | AGENCY ACTION                                                                                                                                                                      | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                     |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------|
| 1. Apply or Register at PESO Office                 | Check and screen applicants based on the qualifications of and the completeness and validity of the documents/requirements submitted.                                              | NONE            | 5 minutes       | <b>Employment Facilitation Section</b> |
| 1. Wait for the endorsement to CHO for medical test | Issue the endorsement slip to the applicant for medical.<br>Advise the client to proceed to the City Health Office for the medical test;<br><br><u><b>For Senior Citizens;</b></u> | NONE            | 5-10 minutes    | <b>Employment Facilitation Section</b> |

|                                                                                                                                                                           |                                                                                                                                                                                                                                                        |             |                   |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|---------------------------------|
|                                                                                                                                                                           | -Urinalysis<br>-Fecalalysis<br>-ECG<br>-Chest Xray<br><br><b>For PWDs</b><br>Urinalysis<br>-Fecalalysis<br>-ECG<br>-Chest Xray<br>-Drug Test                                                                                                           |             |                   |                                 |
| 2. Request for Medical Certificate & Health Permit<br><br>- Present all results of medical test to CHO and wait for the issuance of Medical certificate and Health permit | <b><u>For Senior Citizens:</u></b><br><b><u>RESULTS OF</u></b><br>-Urinalysis<br>-Fecalalysis<br>-ECG<br>-Chest Xray<br><br><b>For PWDs</b><br><b>RESULTS OF</b><br>Urinalysis<br>-Fecalalysis<br>-ECG<br>-Chest Xray<br>-Drug Test                    |             |                   | CHO                             |
| 3. Submit to PESO all medical exams undertaken, including the Medical Certificate                                                                                         | 1. PESO to check the medical certificate if fit to work and Health permit<br><br>2. If fit to work PESO to advise the client to secure work permit<br><br>3. PESO to submit to Jollibee Group of Companies documents of SCs and PWDs qualified to work |             |                   | Employment Facilitation Section |
| 5.Wait the call of Jollibee Group of Companies Restaurant Managers as to the schedule of orientation and start of work.                                                   | PESO to notify the qualified SCs and PWDs<br><br>And submit to Jollibee Group of Companies main office the list and documents of qualified applicants for deployment                                                                                   |             |                   | Employment Facilitation Section |
|                                                                                                                                                                           | <b>TOTAL</b>                                                                                                                                                                                                                                           | <b>None</b> | <b>15 minutes</b> |                                 |



# **Public Utility Vehicle Transport Regulatory Board (PTRB) External Services**





## 1. RENEWAL AND ISSUANCE OF MOTORIZED TRICYCLE OPERATOR'S PERMIT (MTOP)

The Public Utility Vehicle Transport Regulatory Board (PTRB) through its Secretariat facilitates the issuance, and renewal of, Motorized Tricycle Operator's Permit to tricycles-for-hire pursuant to R.A. 7160 and DOTC Department Order No. 2008-04.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PUBLIC UTILITY VEHICLE TRANSPORT REGULATORY BOARD (PTRB) - SECRETARIAT OFFICE                                                   |                                                                                                                                                                                     |                 |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Simple                                                                                                                          |                                                                                                                                                                                     |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G2B – Government to Business                                                                                                    |                                                                                                                                                                                     |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Operators of Motorized Tricycles-for-Hire / TODA members                                                                        |                                                                                                                                                                                     |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 | WHERE TO SECURE                                                                                                                                                                     |                 |                          |
| 1. Accomplished MTOP Renewal Form<br>2. Latest MTOP (previous year) – photocopy<br>3. LTO Certificate of Registration (CR) – photocopy<br>4. Latest Official Receipt of vehicle registration (OR) – photocopy<br>5. Copy of previous Annual Form (optional)<br>6. TODA Certificate – original<br>7. Community Tax Certificate / Cedula – 1 photocopy<br>8. Barangay Clearance – original<br>9. Driver License ID<br>10. “2x2” ID picture<br>11. Professional driver's license of the operator and or driver – 1 photocopy |                                                                                                                                 | - PTRB Secretariat Office<br>- Client<br>- LTO<br>- LTO<br>- Client<br>- TODA Officials<br>- City Treasurer's Office/Barangay Hall<br>- Barangay Hall<br>- LTO<br>- Client<br>- LTO |                 |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AGENCY ACTION                                                                                                                   | FEES TO BE PAID                                                                                                                                                                     | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit complete requirements to PTRB Secretariat Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1. Evaluation of Submitted Documents<br>1.1 Verification of Completeness of Documents<br>1.2 Authentication of Driver's License | None                                                                                                                                                                                | 5 minutes       | PTRB Personnel-in Charge |

|  |                                                                                                                                                                  |      |           |                          |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|--------------------------|
|  | <p>2. System Verification</p> <p>2.1 Checking the system if the number and name matches</p> <p>2.2 Ensure that there are no discrepancies and pending issues</p> | None | 5 minutes | PTRB Personnel-in Charge |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|--------------------------|

|                                                           |                                                                                                                   |                   |                   |                          |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|--------------------------|
| 2. Applicant will proceed to the Treasury for the payment | <p>3. Issuance of Order Payment</p> <p>3.1 Issuance of the Order of Payment once documents are verified.</p>      | 500.00            | 5 minutes         | PTRB Personnel-in Charge |
|                                                           | <p>4. Receiving and encoding of documents</p> <p>4.1 Receive the complete documents together with the receipt</p> | None              | 1 minute          | PTRB Personnel-in Charge |
|                                                           | 5. Forward the file to ITDO for system update                                                                     | None              | 5 minutes         | PTRB Personnel-in Charge |
|                                                           | 6. Evaluation and approval for printing                                                                           | None              | 5 minutes         | PTRB Personnel-in Charge |
|                                                           | 7. Signature of the PTRB Head and the authorized representative of the City Mayor                                 | None              | 5 minutes         | PTRB Personnel-in Charge |
|                                                           | 8. Releasing of MTOP (Franchise)                                                                                  | None              | 2 minutes         | PTRB Personnel-in Charge |
|                                                           | <b>TOTAL:</b>                                                                                                     | <b>PHP 500.00</b> | <b>33 minutes</b> |                          |

## 2. ISSUANCE OF IDENTIFICATION /TERRITORIAL STICKERS TO MOTORIZED TRICYCLES-FOR-HIRE AND THE APPROVED TRICYCLE FARE RATE

As mandated under City Ordinance No. 2005-2019, the Public Transport Regulatory Board (PTRB) is responsible for ensuring that all public transport vehicles undergo annual periodic inspections to verify compliance with safety standards and to maintain accurate and updated records in the PTRB system.

|                                                                                                                                                                                                                                                      |                                                                                                                                                          |                                                                                                                                                                                |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                         | PUBLIC UTILITY VEHICLE TRANSPORT REGULATORY BOARD (PTRB) SECRETARIAT OFFICE                                                                              |                                                                                                                                                                                |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                               | Simple                                                                                                                                                   |                                                                                                                                                                                |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                         | G2B – Government to Business                                                                                                                             |                                                                                                                                                                                |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                | Operators of Motorized Tricycles-for-Hire / TODA members                                                                                                 |                                                                                                                                                                                |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                     |                                                                                                                                                          | <b>WHERE TO SECURE</b>                                                                                                                                                         |                        |                           |
| 1. Annual Registration Form – to be accomplished by the client<br>2. Professional driver's license (photocopy)<br>3. Current franchise/MTOP (for renewal) (photocopy)<br>4. Community Tax Certificate / Cedula – 1 photocopy<br>5. OR/CR (photocopy) |                                                                                                                                                          | - PTRB Secretariat Office<br><br>- Land Transportation Office (LTO)<br>- Client<br><br>- City Treasurer's Office/Barangay Hall - Land - -<br><br>- Transportation Office (LTO) |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                                                                                                     | <b>FEES TO BE PAID</b>                                                                                                                                                         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Secure the Annual Registration Form                                                                                                                                                                                                               | The PTRB prints the Annual Registration Forms based on the TODA approved registration schedule and coordinates with all TODA Presidents for distribution | None                                                                                                                                                                           | 1 day                  | PTRB Personnel-in Charge  |
| 2. Prepare the Unit for OPSS inspection                                                                                                                                                                                                              | Assigned OPSS Inspectors ensure the vehicle complies with inspection requirements                                                                        | None                                                                                                                                                                           | 3 minutes              | Assigned OPSS Inspectors  |

|                                                  |                                                                               |                                                                                                            |                            |                          |
|--------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|
| 3. Payment of Required Fees                      | Assigned Treasury Staff collect the applicable fees                           | Identification Sticker Fee:<br><br>Php 250.00<br><br>Cedula (Community Tax Certificate):<br><br>Php 105.00 | 2 minutes                  | Assigned Treasury Staff  |
| 4. Proceed to PTRB Designated Area for Recording | PTRB personnel record the details and install the sticker and approved tariff | None                                                                                                       | 3 minutes                  | PTRB Personnel-in Charge |
|                                                  | <b>TOTAL:</b>                                                                 | <b>Php 355.00</b>                                                                                          | <b>1 day and 8 minutes</b> |                          |

### 3. ISSUANCE OF IDENTIFICATION /TERRITORIAL STICKERS TO PUBLIC UTILITY VEHICLES

In support of the anti- colorum campaign of the Land Transportation Office (LTO), the City Government of Antipolo, through the Public Utility Vehicle Transport Regulatory Board (PTRB), requires the issuance of territorial stickers to all public utility vehicles operating within or passing through the territorial jurisdiction of the City of Antipolo.

|                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                                                                            |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                         | PUBLIC UTILITY VEHICLE TRANSPORT REGULATORY BOARD (PTRB) SECRETARIAT OFFICE       |                                                                                                                                                                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                               | Simple                                                                            |                                                                                                                                                                            |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                         | G2B – Government to Business                                                      |                                                                                                                                                                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                | Operators of public utility vehicles such as PUJs and UV Express                  |                                                                                                                                                                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                     |                                                                                   | <b>WHERE TO SECURE</b>                                                                                                                                                     |                        |                           |
| 1. Annual Registration Form – to be accomplished by the client<br>2. Professional driver's license (photocopy)<br>3. Current franchise/MTOP (for renewal) (photocopy)<br>4. Community Tax Certificate / Cedula – 1 photocopy<br>5. OR/CR (photocopy) |                                                                                   | - PTRB Secretariat Office<br><br>- Land Transportation Office (LTO)<br>- Client<br><br>- City Treasurer's Office/Barangay Hall - Land<br><br>- Transportation Office (LTO) |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                              | <b>FEES TO BE PAID</b>                                                                                                                                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Secure the Annual Registration Form                                                                                                                                                                                                               | The PTRB provides the printed Annual Registration Forms                           | None                                                                                                                                                                       | 1 day                  | PTRB Personnel-in Charge  |
| 2. Prepare the Unit for OPSS inspection                                                                                                                                                                                                              | Assigned OPSS Inspectors ensure the vehicle complies with inspection requirements | None                                                                                                                                                                       | 3 minutes              | Assigned OPSS Inspectors  |

|                                                  |                                                                               |                                                                                                            |                            |                          |
|--------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|
| 3. Payment of Required Fees                      | Assigned Treasury Staff collect the applicable fees                           | Identification Sticker Fee:<br><br>Php 250.00<br><br>Cedula (Community Tax Certificate):<br><br>Php 105.00 | 2 minutes                  | Assigned Treasury Staff  |
| 4. Proceed to PTRB Designated Area for Recording | PTRB personnel record the details and install the sticker and approved tariff | None                                                                                                       | 3 minutes                  | PTRB Personnel-in Charge |
|                                                  | <b>TOTAL:</b>                                                                 | <b>Php 355.00</b>                                                                                          | <b>1 day and 8 minutes</b> |                          |

#### 4. ISSUANCE OF CERTIFICATION OF DROPPING

The Certification of Dropping is issued upon the request of the franchisee if his/her registered unit will be converted from a unit for-hire to private use, or if there will be a change of motor/engine.

|                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |                                                                                                                                                                              |                        |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                          | PUBLIC UTILITY VEHICLE TRANSPORT REGULATORY BOARD (PTRB) – SECRETARIAT OFFICE             |                                                                                                                                                                              |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                | Simple                                                                                    |                                                                                                                                                                              |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                          | G2B – Government to Business                                                              |                                                                                                                                                                              |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                 | Operators of Motorized Tricycles-for-Hire / TODA members                                  |                                                                                                                                                                              |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                      |                                                                                           | <b>WHERE TO SECURE</b>                                                                                                                                                       |                        |                           |
| 1. Application Form<br>2. Latest MTOP (previous year) – photocopy<br>3. New OR/CR<br>4. Copy of previous Annual Form<br>5. TODA Certificate – original<br>6. Community Tax Certificate / Cedula – 1 photocopy<br>7. Barangay Clearance – original<br>8. Professional driver's license of the operator and or driver – 1 photocopy<br>9. Previous copy of OR/CR<br>10. Payment Receipt |                                                                                           | - PTRB Secretariat Office<br>- Client<br>- LTO<br>- Client<br>- TODA Officials<br>- City Treasurer's Office/Barangay Hall<br>- Barangay Hall<br>- LTO<br>- LTO<br>- Treasury |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                   | <b>AGENCY ACTION</b>                                                                      | <b>FEES TO BE PAID</b>                                                                                                                                                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit complete requirements to PTRB Secretariat Office                                                                                                                                                                                                                                                                                                                            | 1. Evaluation of Submitted Documents<br><br>1.1 Verification of Completeness of Documents | None                                                                                                                                                                         | 2 minutes              | PTRB Personnel-in Charge  |
| 2. Proceed to the Treasury for payment                                                                                                                                                                                                                                                                                                                                                | 2. Issuance of Order of Payment once documents are verified                               | 100.00                                                                                                                                                                       | 1 minute               | PTRB Personnel-in Charge  |

|                                              |                                                                                                                                                                                     |                   |                  |                          |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|--------------------------|
| 3. Submit payment and documents back to PTRB | 3. Receiving and encoding of documents<br><br>3.1 Provide duplicate copy to ITDO for tagging of dropped vehicle<br><br>3.2 Receive the complete documents together with the receipt | None              | 1 minute         | PTRB Personnel-in Charge |
|                                              | 4. Print the Dropping Certificate and have it signed by the PTRB Head                                                                                                               | None              | 3 minutes        | PTRB Personnel-in Charge |
|                                              | 5. Releasing of Dropping Certificate                                                                                                                                                | None              | 2 minutes        | PTRB Personnel-in Charge |
|                                              | <b>TOTAL:</b>                                                                                                                                                                       | <b>PHP 100.00</b> | <b>9 minutes</b> |                          |



## 5. CERTIFICATION OF ACTIVE TODA MEMBERSHIP

The Certification of Active TODA Membership is issued upon the request of the franchisee. This certification is required when applying for a financed motorcycle unit and is requested by the company from which the operator or driver will acquire the unit.

|                                                                                                          |                                                                               |                                                                  |                        |                           |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                             | PUBLIC UTILITY VEHICLE TRANSPORT REGULATORY BOARD (PTRB) – SECRETARIAT OFFICE |                                                                  |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                   | Simple                                                                        |                                                                  |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                             | G2C – Government to Citizen                                                   |                                                                  |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                    | Operators of Motorized Tricycles-for-Hire / TODA members                      |                                                                  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                         |                                                                               | <b>WHERE TO SECURE</b>                                           |                        |                           |
| 1. Latest MTOP (previous year) – photocopy<br>2. Photocopy of Valid ID<br>3. TODA Certificate - original |                                                                               | - PTRB Secretariat Office/Client<br>- Client<br>- TODA Officials |                        |                           |
| <b>CLIENT STEPS</b>                                                                                      | <b>AGENCY ACTION</b>                                                          | <b>FEES TO BE PAID</b>                                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit complete requirements to PTRB Secretariat Office                                               | Verification of Completeness of Documents                                     | None                                                             | 2 minutes              | PTRB Personnel-in Charge  |
|                                                                                                          | Print and release certificate                                                 | None                                                             | 3 minutes              | PTRB Personnel-in Charge  |
|                                                                                                          | <b>TOTAL:</b>                                                                 | <b>None</b>                                                      | <b>5 minutes</b>       |                           |

## 6. CERTIFICATION OF CODING EXEMPTION

The Certification of Coding Exemption is issued upon the request of an operator or driver for humanitarian reasons. This certification may be granted if the applicant requires exemption from coding due to the serious medical treatment of a relative, or for other valid humanitarian circumstances as determined by the PTRB.

|                                                                                                                        |                                                                               |                                                                                  |                        |                           |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                           | PUBLIC UTILITY VEHICLE TRANSPORT REGULATORY BOARD (PTRB) – SECRETARIAT OFFICE |                                                                                  |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                 | Simple                                                                        |                                                                                  |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                           | G2C – Government to Citizen                                                   |                                                                                  |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                  | Operators of Motorized Tricycles-for-Hire / TODA members                      |                                                                                  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                       |                                                                               | <b>WHERE TO SECURE</b>                                                           |                        |                           |
| 1. Previous Certificate of Coding Exemption.<br>2. Photocopy of Valid ID<br>3. Latest MTOP (previous year) – photocopy |                                                                               | - PTRB Secretariat Office/Client<br>- Client<br>- PTRB Secretariat Office/Client |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                    | <b>AGENCY ACTION</b>                                                          | <b>FEES TO BE PAID</b>                                                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit complete requirements to PTRB Secretariat Office                                                             | Verification of Completeness of Documents                                     | None                                                                             | 2 minutes              | PTRB Personnel-in Charge  |
|                                                                                                                        | Print and release certificate                                                 | None                                                                             | 3 minutes              | PTRB Personnel-in Charge  |
|                                                                                                                        | <b>TOTAL:</b>                                                                 | <b>None</b>                                                                      | <b>5 minutes</b>       |                           |



# **Zoning Administrator's Office**

## **External Services**



## 1. ISSUANCE OF BUILDING PERMIT ON APPLICATION COVERED BY BP220

The Zoning Administrator's Office facilitates the issuance of Building Permit for projects covered by Batas Pambansa Blg. 220. This includes applications for building permit by beneficiaries of the Community Mortgage Projects of the City Government.

|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                         | ZONING ADMINISTRATOR'S OFFICE                                                                                                              |                                                                                                                                                                                 |  |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                              | Complex                                                                                                                                    |                                                                                                                                                                                 |  |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                                                                                                 |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                               | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                                                                                                 |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                 |  |
| A.Documentary (1 original copy and 2 photocopies each)                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                                 |  |
| 1. Accomplished and duly notarized Building Permit application form                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Zoning Administrator's Office (Window 3)                                                                                                                                        |  |
| 2. Zoning/Locational Clearance                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            | Zoning Administrator's Office (Window 3)                                                                                                                                        |  |
| 3. Fire Safety Evaluation Clearance                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Bureau of Fire Protection                                                                                                                                                       |  |
| 4. Certified True Copy of Original/Transfer Certificate of Title (O/TCT)                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | Registry of Deeds                                                                                                                                                               |  |
| In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent<br>g. Certification from the registered Homeowner's Association as the legal beneficiary specifying the Block and Lot, and total area awarded. |                                                                                                                                            | Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner<br>Homeowner's Association President or their authorized representative |  |
| 5. Signatories<br>a. 2 Valid IDs of the lot owner/applicant – 1 photocopy with 3 specimen signatures<br>b. For representative, 1 Valid ID with 3 specimen signatures, and either of the following (duly notarized)<br>b.1 Special Power of Attorney (SPA)<br>b.2 Secretary's Certificate with Board Resolution (if under Corporation)<br>b.3 Consent of co-owners if TCT is under multiple ownership                                         |                                                                                                                                            | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>Lot Owner / Notary Public<br>Corporate Secretary<br><br>Co-owners of the lot              |  |
| 6. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | City Assessor's Office                                                                                                                                                          |  |
| 7. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | City Treasurer's Office                                                                                                                                                         |  |
| 8. Barangay Construction Clearance (original)                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            | Zoning Administrator's Office                                                                                                                                                   |  |
| 9. Homeowner's Association Clearance – for Building Permit (original)<br>If not applicable, provide Certification from Barangay that there is no existing and/or active                                                                                                                                                                                                                                                                      |                                                                                                                                            | Homeowner's Association President or their authorized representative<br><br>Barangay                                                                                            |  |

|                                                                                                                                                                                                                                                                           |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Homeowners' Association, and Developer's Clearance                                                                                                                                                                                                                        | Subdivision's Developer                                                         |
| <b>B. Technical – Four (4) sets of Design Plans, Specifications, and Other Documents</b> as follows:                                                                                                                                                                      |                                                                                 |
| <b>1. Line and Grade / Geodetic Documents</b>                                                                                                                                                                                                                             | - Registered Geodetic Engineer                                                  |
| 1.1. Lot Survey Plans, including but not limited to:                                                                                                                                                                                                                      |                                                                                 |
| 1.1.1. Vicinity Map / Location Plan                                                                                                                                                                                                                                       |                                                                                 |
| 1.1.2. Lot Plan                                                                                                                                                                                                                                                           |                                                                                 |
| 1.1.3 Relocation Survey Plan and Report                                                                                                                                                                                                                                   |                                                                                 |
| 1.1.4 Line and Grade                                                                                                                                                                                                                                                      |                                                                                 |
| 1.1.5 Detailed Topographic Plan of the site and immediate vicinity                                                                                                                                                                                                        |                                                                                 |
| <b>2. Architectural Documents</b>                                                                                                                                                                                                                                         |                                                                                 |
| 2.1. Floor plan, elevation and section plans, Site development plan, location plan, perspective plan and other plans and details                                                                                                                                          | Registered Architect                                                            |
| 2.2. Notarized estimate value of the building/ structure to be erected as declared by the owner and by the architect (signed and sealed)                                                                                                                                  |                                                                                 |
| 2.3. Technical Specifications signed and sealed by duly licensed Architect                                                                                                                                                                                                |                                                                                 |
| <b>3. Structural Documents</b>                                                                                                                                                                                                                                            |                                                                                 |
| 3.1. Structural Plans                                                                                                                                                                                                                                                     | Registered Civil Engineer                                                       |
| 3.2. Soil Investigation Report for 3 storeys and above (including basement) and for lower buildings/ structures at areas with potential geological/ geotechnical hazards<br><i>*With photos of actual Soil Boring (geotagged) and soil sampling</i>                       | Registered Civil/ Geotechnical Engineer/<br>Geotechnical Engineering Consultant |
| 3.2.1. Notarized Sworn Statement of accountability (NSCP 2015 Sec. 304.1)<br>a. With brief resume of the affiant<br><i>*i.e. Name, age, address, profession, position [in case of company]</i><br>b. Includes statement that an actual Soil Boring was performed on site. |                                                                                 |
| 3.3 Structural Analysis and Design Computation [with design summary] (for 2 storeys and above)*<br><i>*One-storey structures of more than 20sq.m. may be required upon evaluation</i><br><i>*Must be properly secured/bounded to avoid detachment of pages.</i>           | Registered Civil Engineer                                                       |
| 3.3.1. If computer-generated structural analysis, attach Certification as per Sec. 1903 of NBCP "Submission of Computer-Generated Computation"                                                                                                                            |                                                                                 |
| 3.4 Technical Specifications signed and sealed by duly licensed civil engineer                                                                                                                                                                                            | Registered Civil Engineer                                                       |
| <b>4. Electrical Documents</b>                                                                                                                                                                                                                                            |                                                                                 |
| 4.1. Electrical Plan signed and sealed by professional electrical engineer                                                                                                                                                                                                | Professional Electrical Engineer                                                |
| 4.2. Electrical Design Analysis [for residential (if 3-Phase), and all commercial, and industrial structures]                                                                                                                                                             |                                                                                 |
| 4.3 Technical Specifications signed and sealed by Professional Electrical Engineer                                                                                                                                                                                        |                                                                                 |
| <b>5. Sanitary/Plumbing Documents</b>                                                                                                                                                                                                                                     |                                                                                 |
| 5.1 Sanitary/Plumbing Plan and Details signed and sealed by a sanitary engineer or registered master plumber                                                                                                                                                              | Registered Sanitary Engineer or Master Plumber                                  |
| 5.2 Design Analysis (for Sewage Treatment Plant or STP)                                                                                                                                                                                                                   | Registered Sanitary Engineer                                                    |



|                                                                                    |                                                                                                                                                                                                                                               |                                                         |               |                                                              |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------|--------------------------------------------------------------|
| 6. None                                                                            | 6. Prepare the Building Permit and advise the client of the release date.<br><br>6.1 Review the Inspection Report and the Building Permit and endorse the same to the City Mayor for approval.<br><br>6.2 Check and sign the Building Permit. | None                                                    | 2 days        | Zoning Officer<br><br>Zoning Administrator<br><br>City Mayor |
| 7. Return to ZAO, claim the Building Permit after signing in the Release Log Book. | 7. Request the client to sign in the Release Logbook and issue the Building Permit                                                                                                                                                            | None                                                    | 30 minutes    | ZAO Releasing Clerk                                          |
|                                                                                    | <b>TOTAL:</b>                                                                                                                                                                                                                                 | <b>Refer to the Schedule of Fees (Table 1.1) below.</b> | <b>5 Days</b> |                                                              |
| <b>te:</b> Excluding the processing time of other offices/agencies involved.       |                                                                                                                                                                                                                                               |                                                         |               |                                                              |

### Schedule of Fees for Building Permit (BP 220)

Table 1.1

|                 | Fee                        |
|-----------------|----------------------------|
| Building Permit | PHP 7.20/sqm of floor area |
| Inspection      | PHP 200.00                 |
| Tarpaulin       | PHP 300.00 per application |

## 2. ISSUANCE OF CERTIFICATE OF OCCUPANCY (COO) COVERED BY BP220

The issuance of Certificates of Occupancy for structures that have complied with the approved plans is rendered by the Zoning Administrator's Office.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ZONING ADMINISTRATOR'S OFFICE                                                                                                              |                                                                                                                                                                                                          |  |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complex                                                                                                                                    |                                                                                                                                                                                                          |  |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                                                                                                                          |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                                                                                                                          |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                                          |  |
| A. Documentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                                                                                                          |  |
| 1. Accomplished and duly notarized Certificate of Occupancy application form                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            | Zoning Administrator's Office / Notary Public                                                                                                                                                            |  |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT) – 1 photocopy<br><br>In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent<br>g. Certification from the registered Homeowner's Association as the legal beneficiary specifying the Block and Lot, and total area awarded. |                                                                                                                                            | Registry of Deeds<br><br>Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner<br>Homeowner's Association President or their authorized representative |  |
| 3. Signatories<br>a. 2 Valid IDs of the lot owner/applicant – 1 photocopy with 3 specimen signatures<br>b. For representative, 1 Valid ID with 3 specimen signatures, and either of the following (duly notarized)<br>b.1 Special Power of Attorney (SPA)<br>b.2 Secretary's Certificate with Board Resolution (if under Corporation)<br>b.3 Consent of co-owners if TCT is under multiple ownership                                                                                                                                       |                                                                                                                                            | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>Lot Owner / Notary Public<br>Corporate Secretary<br><br>Co-owners of the lot                                       |  |
| 4. Tax Declaration – 1 Certified True Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            | City Assessor's Office                                                                                                                                                                                   |  |
| 5. Current Tax Receipt and Tax Clearance – 1 photocopy each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            | City Treasurer's Office                                                                                                                                                                                  |  |
| 6. Copy of Issued Building Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Owner / Applicant                                                                                                                                                                                        |  |
| B. Technical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                                                                          |  |
| 1. As-Built Plan duly signed and sealed by a Licensed Architect for Architectural plans; Civil Engineer for Structural Plans; Professional Electrical Engineer and Sanitary Engineer or Master Plumber for Utilities – 2 sets                                                                                                                                                                                                                                                                                                              |                                                                                                                                            | Respective Design Professionals (Private Practitioners)                                                                                                                                                  |  |
| 2. Certification from duly Licensed Professionals if the structure applied is not newly constructed:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                                                          |  |



| 2.1 Certificate of Structural Stability                                                                                              |                                                                                                                                                                                                                                                                                                              | Civil Engineer                                   |                                                    |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| 2.2 Certificate of Electrical Safety                                                                                                 |                                                                                                                                                                                                                                                                                                              | Professional Electrical Engineer                 |                                                    |                                                |
| 3. Updated PRC ID & PTR of the architect & engineers – 1 photocopy each with original sign and seal                                  |                                                                                                                                                                                                                                                                                                              | Professional Regulatory Commission (PRC)         |                                                    |                                                |
| 4. Attestation and verification by the Owner Developer (if the unit is a housing component of a Subdivision Project) – Original copy |                                                                                                                                                                                                                                                                                                              | Land Developer                                   |                                                    |                                                |
| CLIENT STEPS                                                                                                                         | AGENCY ACTION                                                                                                                                                                                                                                                                                                | FEES TO BE PAID                                  | PROCESSING TIME                                    | PERSON RESPONSIBLE                             |
| 1. Submit the requirements to the Zoning Administrator's Office (ZAO).                                                               | 1. Check the requirements as to completeness and validity.<br><br>1.1 Issue Claim Stub                                                                                                                                                                                                                       | None                                             | 15 minutes                                         | Zoning Officer                                 |
| 2. Cooperate with the inspector during the site inspection.                                                                          | 2. Conduct site inspection to check on the conformance of the structures with the approved plan and prepare the Inspection Report.                                                                                                                                                                           | None                                             | 3 days                                             | Zoning Inspector                               |
| 2.1 None                                                                                                                             | 2.1 Evaluate the documents as to legal and technical requirements.                                                                                                                                                                                                                                           | None                                             |                                                    | Zoning Officer                                 |
| 2.2 None                                                                                                                             | 2.2 Consolidated and do final review of the Inspection Report and or Technical Evaluation.<br><br>If finding warrant approval of the application, advise the client to secure order of payment from ZAO.<br><br>Otherwise, notify the client of the deficiency either through call/text, of registered mail. | None                                             |                                                    | Zoning Officer                                 |
| 2.3 Obtain information as to the release date of the COO.                                                                            | 2.3 Prepare the Certificate of Occupancy (COO) and order of payment.                                                                                                                                                                                                                                         | None                                             |                                                    | Zoning Officer                                 |
| 3. Return to ZAO to retrieve all plans and documents including order of payment                                                      | 3. Return all documents and plans, with the printed unsigned Certificate of Occupancy and Order of Payment.                                                                                                                                                                                                  | None                                             | 30 minutes                                         | Zoning Officer                                 |
| 4. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window.            | 4. None                                                                                                                                                                                                                                                                                                      | Refer to the Schedule of Fees (Table 2.1) below. | (refer to City Treasurer's Office processing time) | Revenue Collection Clerk                       |
| 5. Secure Fire Safety Evaluation Clearance from the Bureau of Fire Protection.                                                       | 5. Approved applicants are to be reviewed by Fire department for the issuance of Fire Safety Inspection Certificate (FSIC).                                                                                                                                                                                  | (refer to Bureau of Fire Protection)             | (refer to BFP's processing time)                   | Fire Department Personnel / City Fire Marshall |
| 6. Return to ZAO and resubmit all plans and                                                                                          | 6. Check the Official Receipt, Fire Safety Inspection Certificate                                                                                                                                                                                                                                            | None                                             | 30 minutes                                         | Zoning Officer                                 |

|                                                                              |                                                                                                                                                             |                                                         |               |                                        |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------|----------------------------------------|
| documents, with the Official Receipt, and FSIC.                              | (FSIC) and all the plans and documents.                                                                                                                     |                                                         |               |                                        |
| 7. None                                                                      | 7. Check and sign the Certificate of Occupancy, and endorse the same to the City Mayor for approval.<br><br>8.1 Check and sign the Certificate of Occupancy |                                                         | 2 days        | Zoning Administrator<br><br>City Mayor |
| 8. Sign in the Release Log Book and claim the COO.                           | 8. Request the client to sign in the Release Logbook and issue the COO.                                                                                     | None                                                    | 10 minutes    | ZAO Releasing Clerk                    |
|                                                                              | <b>TOTAL:</b>                                                                                                                                               | <b>Refer to the Schedule of Fees (Table 2.1) below.</b> | <b>6 Days</b> |                                        |
| <b>te:</b> Excluding the processing time of other offices/agencies involved. |                                                                                                                                                             |                                                         |               |                                        |

### Schedule of Fees for Certificate of Occupancy (BP 220)

Table 2.1

|                                                                    | <b>Fee</b>                                               |
|--------------------------------------------------------------------|----------------------------------------------------------|
| Certificate of Occupancy<br>Socialized Housing<br>Economic Housing | PHP 6.00/sqm of floor area<br>PHP 7.20/sqm of floor area |
| Inspection                                                         | PHP 200.00                                               |

### 3. ISSUANCE OF CERTIFICATIONS

The Zoning Administrator's Office (ZAO) issues certifications pertaining to Land Use, Non-Conformance to Land Uses and No Records on File relative to developments.

|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                 |                 |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                         | ZONING ADMINISTRATOR'S OFFICE                                                                                                              |                                                                                                                                                                                 |                 |                     |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                              | Simple                                                                                                                                     |                                                                                                                                                                                 |                 |                     |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                                                                                                 |                 |                     |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                               | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                                                                                                 |                 |                     |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                 |                 |                     |
| FOR CERTIFICATE ON LAND USE:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                                                 |                 |                     |
| 1. Notarized Letter of Request – Original copy                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            | Applicant                                                                                                                                                                       |                 |                     |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT) – Original Copy                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | Registry of Deeds                                                                                                                                                               |                 |                     |
| In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent<br>g. Certification from the registered Homeowner's Association as the legal beneficiary specifying the Block and Lot, and total area awarded. |                                                                                                                                            | Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner<br>Homeowner's Association President or their authorized representative |                 |                     |
| 3. Tax Declaration – 1 Certified True Copy                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            | City Assessor's Office                                                                                                                                                          |                 |                     |
| 4. Current Tax Receipt and Tax Clearance – 1 photocopy each                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            | City Treasurer's Office                                                                                                                                                         |                 |                     |
| 5. Lot Plan signed and sealed by Geodetic Engineer and Tax Mapping                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            | Geodetic Engineer                                                                                                                                                               |                 |                     |
| 6. Legal Documents from other government agencies, if any                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | Government agencies concerned                                                                                                                                                   |                 |                     |
| 7. Any 2 government-issued ID cards of the applicant and his/her authorized representative (1 photocopy each with 3 specimen signatures) with either of the following (duly notarized)<br>a. Special Power of Attorney (SPA)<br>b. Secretary's Certificate with Board Resolution (if under Corporation)<br>c. Consent of co-owners if TCT is under multiple ownership                                                                        |                                                                                                                                            | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)                                                                                                |                 |                     |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGENCY ACTION                                                                                                                              | FEES TO BE PAID                                                                                                                                                                 | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the requirements to the Zoning Administrator's Office (ZAO).                                                                                                                                                                                                                                                                                                                                                                       | 1. Check the requirements as to completeness and validity.                                                                                 | None                                                                                                                                                                            | 1 day           | Receiving Clerk     |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.1 Receive request on Window 4                                                                                                            |                                                                                                                                                                                 |                 | Receiving Personnel |

|                                                                                                                           |                                                                                                                                                                                                         |                                                       |                                                    |                          |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|--------------------------|
| 1.2 None                                                                                                                  | 1.2 Evaluate the documents as to legal and technical requirements.                                                                                                                                      |                                                       |                                                    | Zoning Officer           |
| 1.3 Secure the Order of Payment.                                                                                          | 1.3 Issue the Order of Payment.                                                                                                                                                                         |                                                       |                                                    | Zoning Officer           |
| 2. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window. | 2. Accept the payment based on the Order of Payment.                                                                                                                                                    | Refer to the Schedule of Fees (Table 3.1) on page 12. | (refer to City Treasurer's Office processing time) | Revenue Collection Clerk |
| 3. Return to ZAO and show the Official Receipt for the issuance of Certification.                                         | 3. Check the Official Receipt and undertake the following:<br>- Provide recommendation.<br>- Prepare the Certification and forward the same and all the attached documents to the Zoning Administrator. | None                                                  |                                                    | Zoning Officer           |
| 3.1 None                                                                                                                  | 3.1 Review the documents and sign the Certification.                                                                                                                                                    | None                                                  |                                                    | Zoning Administrator     |
| 1. Sign in the Release Log Book and claim the Certification.                                                              | 4. Request the client to sign in the Release Logbook and issue the Certification.                                                                                                                       | None                                                  |                                                    | Releasing Clerk          |
|                                                                                                                           | <b>TOTAL:</b>                                                                                                                                                                                           | Refer to the Schedule of Fees (Table 4.1) on page 15. | <b>1 day</b>                                       |                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                             |                                                       | WHERE TO SECURE                                                                  |                 |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|-----------------|---------------------|
| FOR CERTIFICATE OF NO RECORDS ON FILE:                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                  |                 |                     |
| 1. Notarized Letter of Request stating the Owner, Project, and Location – Original copy                                                                                                                                                                                                                                                                               |                                                       | Applicant, Notary Public                                                         |                 |                     |
| 2. Any 2 government-issued ID cards of the applicant and his/her authorized representative (1 photocopy each with 3 specimen signatures) with either of the following (duly notarized)<br>a. Special Power of Attorney (SPA)<br>b. Secretary's Certificate with Board Resolution (if under Corporation)<br>c. Consent of co-owners if TCT is under multiple ownership |                                                       | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                 |                     |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                          | AGENCY ACTION                                         | FEES TO BE PAID                                                                  | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the request to the Zoning Administrator's Office (ZAO) – Window 4                                                                                                                                                                                                                                                                                           | 1. Receive the request on Window 4.                   | None                                                                             | 1 day           | ZAO Receiving Clerk |
| 1.0 None                                                                                                                                                                                                                                                                                                                                                              | 1.1 Check office record based on the client's request |                                                                                  |                 | Zoning Officer      |

|                                                                                                                           |                                                                                                                                                                                                         |                                                              |              |                          |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------|--------------------------|
| 1.1 None                                                                                                                  | 1.2 Prepare Certification and Order of Payment                                                                                                                                                          |                                                              |              | Zoning Officer           |
| 1.3 Secure the Order of Payment.                                                                                          | 1.3 Issue the Order of Payment                                                                                                                                                                          |                                                              |              | Zoning Officer           |
| 2. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window. | 2. Accept the payment based on the Order of Payment.                                                                                                                                                    | Refer to the Schedule of Fees (Table 3.1) on page 12.        |              | Revenue Collection Clerk |
| 3. Return to ZAO and show the Official Receipt.                                                                           | 3. Check the Official Receipt and undertake the following:<br>- Provide recommendation.<br>- Prepare the Certification and forward the same and all the attached documents to the Zoning Administrator. | None                                                         |              | Zoning Officer           |
| 3.1 None                                                                                                                  | 3.1 Review the documents and sign the Certification.                                                                                                                                                    |                                                              |              | Zoning Administrator     |
| 4. Return to ZAO to claim the Certification.                                                                              | 4. Request the client to sign in the Release Log Book.                                                                                                                                                  | None                                                         |              | Releasing Clerk          |
| 4.1 Sign in the Release Log Book and secure the Certification.                                                            | 4.1 Issue the Certification.                                                                                                                                                                            |                                                              |              |                          |
|                                                                                                                           | <b>TOTAL:</b>                                                                                                                                                                                           | <b>Refer to the Schedule of Fees (Table 3.1) on page 12.</b> | <b>1 day</b> |                          |

### Schedule of Fees for Certification

Table 3.1

|                                                        | <b>Fee</b>                                                                 |
|--------------------------------------------------------|----------------------------------------------------------------------------|
| Zoning Certificate                                     | PHP 720.00 / Certificate                                                   |
| Certification on Town Plan / Zoning Ordinance Approval | PHP 288.00                                                                 |
| Certificate of No Record on File                       | PHP 288.00                                                                 |
| Certificate of Photocopy on File                       | PHP 43.20 for the first 5 pages<br>plus PHP 4.40 for every additional page |
| Other Certifications                                   | PHP 216.00                                                                 |

## 4. ISSUANCE OF DEVELOPMENT PERMIT

A Development Permit is a written approval from the City Government that development plans are in accordance with existing laws and ordinances such as the Presidential Decree 957, Batas Pambansa 220 and the City Zoning Ordinance, as amended. All development permit applications must meet the zoning regulations such as land use, lot dimensions, lot area, etc. of the property.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ZONING ADMINISTRATOR'S OFFICE                                                                                                              |                                                                                                   |  |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Highly Technical                                                                                                                           |                                                                                                   |  |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                   |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                   |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            | WHERE TO SECURE                                                                                   |  |
| 1. Notarized letter of request addressed to the City Mayor thru the City Administrator – Original copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            | Applicant                                                                                         |  |
| 2. Certified true copies of the following (1 original, 2 photocopies, each):<br>a. Original/Transfer Certificate of Title<br>b. Tax Declaration<br>c. Tax Clearance<br>d. Current Real Property Tax Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            | Registry of Deeds<br>City Assessor's Office<br>City Treasurer's Office<br>City Treasurer's Office |  |
| 3. Duly notarized MOA / Deed of Sale – 3 copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | Previous/current owner, Notary Public                                                             |  |
| 4. Secretary's Certificate for the official representative authorized by the board to apply and secure permit, if applicable – 3 copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            | Corporate Secretary                                                                               |  |
| 5. Any government-issued ID card of the requesting party and his/her authorized representative, if any – 3 copies each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)                    |  |
| 6. Authorization letter for representative – Original, and 2 photocopies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | Requesting party / Lot Owners                                                                     |  |
| 7. Documents duly signed and sealed by a Licensed Architect/ Engineer (5 copies)<br>a. Topographic Map of Site<br>b. Site Development Plans<br>c. Road (Geometric/Structural)<br>i. Profile showing the vertical control design grade, curve, elements and all information needed for construction<br>ii. Typical roadway Sections showing relative dimensions and slopes of pavements, gutters, sidewalks, shoulder, benching and others<br>iii. Details of roadway showing the required thickness of pavement, subgrade treatment and subbase course on the design analysis<br>iv. Details of roadway, miscellaneous structures such as curb and gutter (barrier, mountable and drop), slope protection wall and retaining wall, if any<br>v. Profiles showing the hydraulic gradients and properties of the main lines including structure in relation with the road grade line<br>vi. Details of drainage and miscellaneous structure such as various types and |                                                                                                                                            | Respective Design Professionals (Private Practitioner)                                            |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <p>manholes, catch basin inlets, culverts and channel lining</p> <p>d. Storm Drainage and Sanitary Sewer System</p> <p>e. Site Grading Plan</p> <p>f. Water System Layout and Details</p> <p>g. Lot plan with vicinity map</p> <p>h. Survey plan of the lot</p>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |
| <p>8. Project Study for projects having an area of 1 hectare and above – 3 copies</p> <p>a. With financial attachments (Audited Assets and Liabilities;</p> <p>b. ITR for the last 3 years;</p> <p>c. Certificate of SEC Registration;</p> <p>d. Certificate of No Derogatory Records from Department of Human Settlements and Urban Development;</p> <p>e. Articles of Incorporation of Partnership and Corporation By-Laws).</p> <p>f. For new corporations (3 years and below), Statement of Capitalization and Source of Income and Cash Flow to support work professionals and PCAB License</p> | <p>Registered Geodetic Engineer / Surveyor</p> <p>Government agencies concerned</p>                                                    |
| 9. Specification, Bill of Materials, and Cost Estimates – Original and 2 photocopies;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Respective Design Professionals (Private Practitioner)                                                                                 |
| 10. Barangay Resolution (for Subdivision Development – Original and 2 photocopies;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Barangay Hall                                                                                                                          |
| 11. Environmental Compliance Certificate (ECC) or Certificate of Non-Coverage (CNC) whichever is applicable – Original and 2 photocopies;                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DENR                                                                                                                                   |
| 12. Electronic copy of Development Plans per City Ordinance No. 2011-469 (CAD file)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Design Professionals                                                                                                                   |
| 13. Traffic Impact Assessment (TIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Environmental Planner or Transport Planner / Transportation Engineer (private)                                                         |
| <p>14. List of names of duly licensed professionals who signed the plans and other similar documents in connection with the following information – Original copy</p> <p>a. Name (Surname, First Name, Middle Name).</p> <p>b. Maiden Name in case of married female professionals</p> <p>c. Professional license number, date of issue and expiration of its validity</p> <p>d. Professional Tax Receipt and date of issue</p> <p>e. Taxpayer's Identification Number (TIN)</p>                                                                                                                     | <p>Professional Regulatory Commission (PRC)</p> <p>PRC</p> <p>Bureau of Internal Revenue</p>                                           |
| 15. 20% Balance Housing Development (Mode of Compliance) PER City Ordinance No. 2006-251 (applicable for Development of Subdivision under PD 957)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Owner / Applicant                                                                                                                      |
| 16. External drainage per City Ordinance No. 2008-305 – reflected on plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Respective Design Professionals (Private Practitioner)                                                                                 |
| 17. Centralized Sewerage Treatment System per City Ordinance No. 2008-312 – reflected on plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |
| 18. Space for MRF per City Ordinance No. 2008-287 Reflected on plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |
| 19. ECO Center Building Plan per City Ordinance No. 2004-196                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |
| <p>If applicable:</p> <p>1. Certified true copy of DAR Conversion – 1 photocopy</p> <p>2. Clearance/Certification from MGB for properties with slopy terrain and/or near mining area</p> <p>3. Application for Permit to Drill from NWRB – 1 photocopy</p>                                                                                                                                                                                                                                                                                                                                           | <p>- Department of Agrarian Reform (DAR)</p> <p>- Mines and Geoscience Bureau (MGB)</p> <p>- National Water Resources Board (NWRB)</p> |





|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                |                                                                                                               |
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|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                |                                                                                                               |
| 3. None                                                | 3. Furnish the City Engineer a copy thereof together with all the attached documents for their technical evaluation and inspection.                                                                                                                                                                                                                                                                                                                                                                                                                            | None | 1 day                                                          | Zoning Administrator                                                                                          |
| 4. Cooperate with the inspector during the inspection. | 4. Conduct technical evaluation and inspection and provide recommendation to the Zoning Administrator.                                                                                                                                                                                                                                                                                                                                                                                                                                                         | None | (refer to the City Engineering Office for the processing time) | City Engineer                                                                                                 |
| 5. None                                                | <p>5. Consolidate all the reports and review the findings and recommendation.</p> <p>5.1 If found compliant, prepare and submit the final report to the City Mayor thru the City Administrator, recommending favorable action on the application.</p> <p>If non-compliant, prepare and submit the Notice of Disapproval (NoD) or letter of compliance addressed to the applicant, stating therein all the noted deficiencies which are inconsistent or in violation of pertinent laws and ordinances and their IRRs and forward to the City Administrator.</p> | None | 5 days                                                         | <p>Zoning Officer</p> <p>Zoning Officer, Zoning Administrator</p> <p>Zoning Officer, Zoning Administrator</p> |
| 6. None                                                | 6. Prepare the Mayor's letter to the Sangguniang Panlungsod (SP) recommending for the approval of the application for Development Permit.                                                                                                                                                                                                                                                                                                                                                                                                                      | None | (refer to CAO's Processing time)                               | Staff-in-Charge, CAO                                                                                          |
| 7. None                                                | 7. Check the findings and recommendation and sign the letter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | None | (refer to City Mayor's Office's Processing time)               | Secretary to the Mayor, City Mayor                                                                            |
| 8. None                                                | <p>8. Transmit to the Sangguniang Panlungsod Secretariat the following documents:</p> <ul style="list-style-type: none"> <li>a. Signed letter of the Mayor;</li> <li>b. One (1) set of development plan, supporting documents, and consolidated reports</li> </ul>                                                                                                                                                                                                                                                                                             | None | (refer to CAO's Processing time)                               | Staff-in-Charge, CAO                                                                                          |

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                           |                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Legislative action on the application:</i></p> <p>9. None</p>                                                                                                                                                                  | <p>9. Receive the documents and refer the same to the City Councilor– Chairperson of the Committee on Zoning, Land Use and Housing Development.</p> <p>a. Convene the members of the Committee, deliberate and conduct final review of the proposed development project and submit the Committee Report to the Sangguniang Panlungsod.</p> <p>b. Deliberate on the formal approval of the Development Permit for 2 to 3 hearings and pass a corresponding resolution thereafter.</p> <p>c. Forward the City Resolution to the City Administrator’s Office for review prior to signing by the City Mayor.</p> <p>d. Review and sign the Resolution.</p> <p>e. Return the signed Resolution to the SP Secretariat (2<sup>nd</sup> endorsement).</p> <p>f. Furnish a copy of the approved City Resolution to the Zoning Administrator.</p> | <p>None</p>                                                  | <p>(refer to the schedule convened by the committee)</p>  | <p>SP Secretariat</p> <p>Chairperson and members, SP Committee on Zoning, Land Use and Housing Development</p> <p>Sangguniang Panlungsod members</p> <p>SP Secretariat, Staff-in-Charge, CAO</p> <p>City Mayor</p> <p>Staff-in-Charge, CAO</p> <p>SP Secretariat</p> |
| <p>10. None</p>                                                                                                                                                                                                                      | <p>10. Issue the Order of Payment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>None</p>                                                  | <p>1 day</p>                                              | <p>Zoning Officer</p>                                                                                                                                                                                                                                                |
| <p>11. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window.</p> <p>11.1 Submit a photocopy of the Official Receipt to the Zoning Administrator's Office (ZAO).</p> | <p>11. Accept the payment based on the Order of Payment.</p> <p>11.1 Receive the photocopy of the Official Receipt for recording and inform the client of the release date of the Development Permit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Refer to the Schedule of Fees (Table 4.1) on page 19.</p> | <p>(refer to City Treasurer's Office processing time)</p> | <p>Revenue Collection Clerk</p> <p>ZAO Receiving Clerk</p>                                                                                                                                                                                                           |

|                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                                  |                               |                                                                                         |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------|
| <i>Issuance of the Development Permit:</i><br><br>12. None                                | 12. Prepare the Development Permit and stamp all the development plans with "APPROVED FOR DEVELOPMENT".<br><br>2.1 Check the Development Permit and all the attached subdivision development plans marked as "APPROVED FOR DEVELOPMENT."<br><br>2.2 Sign the Development Permit and the attached subdivision development plans. | None                                             | 7 days                        | Zoning Officer<br><br>Zoning Administrator,<br>Secretary to the Mayor<br><br>City Mayor |
| 13. Return to ZAO and claim the Development Permit after signing in the Release Log Book. | 13. Request the client to sign in the Release Logbook and issue the Development Permit.                                                                                                                                                                                                                                         | None                                             | 30 minutes                    | ZAO Releasing Clerk                                                                     |
|                                                                                           | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                   | Refer to the Schedule of Fees (Table 4.1) below. | <b>19 Days<br/>30 minutes</b> |                                                                                         |
| <b>Note:</b> Excluding the processing time of other offices/agencies involved.            |                                                                                                                                                                                                                                                                                                                                 |                                                  |                               |                                                                                         |

## SCHEDULE OF FEES FOR DEVELOPMENT PERMIT

Table 4.1

| Particular                                                                                                                                                                                                                                                                                                                                                                            | Permit Fee                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>PD 957</b><br>Final Approval / Development Permit <ul style="list-style-type: none"> <li>• Processing Fee</li> <li>• Additional Fee on Floor Area of houses &amp; Building sold with lot Inspection Fee</li> </ul>                                                                                                                                                                 | PHP 3,500.00 / ha<br>PHP 7.20 / sqm<br>PHP 1,500 / has + 10.00/1,000 sqm in excess of 1 ha    |
| <b>BP 220</b><br>Final Approval / Development Permit <ul style="list-style-type: none"> <li>• Processing Fee               <ul style="list-style-type: none"> <li>- Socialized Housing</li> <li>- Economic Housing</li> </ul> </li> <li>• Inspection Fee               <ul style="list-style-type: none"> <li>- Socialized Housing</li> <li>- Economic Housing</li> </ul> </li> </ul> | PHP 600.00 / ha<br>PHP 1,400.00 / ha<br><br>PHP 1,500 / ha + 3.00/1,000 sqm in excess of 1 ha |

## 5. ISSUANCE OF LAND USE RECLASSIFICATION

The ZAO issues Land Use Reclassification from Agricultural Zoned Lands to different use prior to any development.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OFFICE/LOCATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ZONING ADMINISTRATOR'S OFFICE                                                                                                              |                                                                                                                                                                                                          |  |
| RECLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complex                                                                                                                                    |                                                                                                                                                                                                          |  |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                                                                                                                          |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                                                                                                                          |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                                          |  |
| Documentary (1 original copy and 2 photocopies each)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            |                                                                                                                                                                                                          |  |
| 1. Notarized application letter addressed to the City Mayor – Original copy                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            | Applicant, Notary Public                                                                                                                                                                                 |  |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT)<br><br>In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent<br>g. Certification from the registered Homeowner's Association as the legal beneficiary specifying the Block and Lot, and total area awarded. |                                                                                                                                            | Registry of Deeds<br><br>Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner<br>Homeowner's Association President or their authorized representative |  |
| 3. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | City Assessor's Office                                                                                                                                                                                   |  |
| 4. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | City Treasurer's Office                                                                                                                                                                                  |  |
| 5. Lot plan with vicinity map signed and sealed by Geodetic Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            | Registered Geodetic Engineer                                                                                                                                                                             |  |
| 6. Barangay Resolution (for Land Use Reclassification) – Original copy                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            | Barangay Hall                                                                                                                                                                                            |  |
| 7. Neighborhood Consent within 100meter radius                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            | Applicant                                                                                                                                                                                                |  |
| 8. Traffic Impact Assessment (TIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            | Environmental Planner or Transport Planner / Transportation Engineer (private)                                                                                                                           |  |
| 9. Zoning Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | Zoning Administrator's Office                                                                                                                                                                            |  |

| 10. If applicable:<br>a. Certificate of Non-Coverage and Certified true copy of DAR Conversion - 1 photocopy<br>b. Environmental Compliance Certificate (ECC) or Certificate of Non-Coverage (CNC) whichever is applicable – 1 photocopy<br>c. Clearance/Certification from MGB for properties with slopy terrain<br>d. Certification from National Irrigation Administration (NIA) – 1 photocopy<br>e. Certification to the Regional Technical Evaluation Committee for Land Use Matters (RTECLUM) through its secretariat at the DA-Regional Field Office. |                                                                                                                                                                                                                                                 | Department of Agrarian Reform (DAR)<br><br>DENR<br><br>Mines and Geoscience Bureau (MGB)<br><br>NIA<br><br>Regional Technical Evaluation Committee for Land Use Matters (RTECLUM) |                 |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGENCY ACTION                                                                                                                                                                                                                                   | FEES TO BE PAID                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Submit the requirements to the City Mayor through Zoning Administrator's Office (ZAO).                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 .Check the requirements as to completeness and validity.                                                                                                                                                                                      | None                                                                                                                                                                              | 30 minutes      | Zoning Officer       |
| <i>Evaluation of the Application:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |                 |                      |
| 2. Cooperate with the inspector during the site inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Conduct site inspection to verify the lot applied.                                                                                                                                                                                           | None                                                                                                                                                                              | 1 day           | Zoning Inspector     |
| 2.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2.1 Evaluate the application and all the attached documents as to the legal and technical requirements then accomplish the evaluation report form.                                                                                              | None                                                                                                                                                                              | 2 days          | Zoning Officer       |
| 3. None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3.0 Consolidate all the reports and review the findings and recommendation.                                                                                                                                                                     | None                                                                                                                                                                              | 1 day           | Zoning Officer       |
| 3.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3.1 If found compliant, prepare and submit the final report to the City Mayor thru the City Administrator, recommending favorable action on the application.                                                                                    |                                                                                                                                                                                   | 2 days          | Zoning Administrator |
| 3.2 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3.2 If non-compliant, prepare and submit the Notice of Disapproval (NoD) or letter of compliance addressed to the applicant, stating therein all the noted deficiencies which are inconsistent or in violation of pertinent laws and ordinances |                                                                                                                                                                                   | 1 day           | Zoning Administrator |

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                   |                                                                                                                                                                                                                    |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                              | and their IRRs and forward to the City Administrator.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                   |                                                                                                                                                                                                                    |
| 4. None                                                      | 4.0 Review the endorsement letter and all the attached documents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | None | 2 days                                            | Zoning Officer                                                                                                                                                                                                     |
| 5. None                                                      | 5.0 Check and sign the endorsement letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | 1 day                                             | Zoning Administrator                                                                                                                                                                                               |
| 6. None                                                      | 6.0 Forward the endorsement letter to the City Administrator's Office attached all the copy of requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | None | 1 day                                             | Zoning Officer                                                                                                                                                                                                     |
| 7. None                                                      | 7.0 Prepare the Mayor's letter to the Sangguniang Panlungsod (SP) recommending for the approval of the application for Land use Reclassification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | None | (refer to CAO's processing time)                  | Staff-in-Charge, CAO                                                                                                                                                                                               |
| 8. None                                                      | 8.0. Transmit to the Sangguniang Panlungsod Secretariat the following documents:<br><br>a. Signed letter of the Mayor<br>b. One (1) set of development plan, supporting documents, and consolidated reports                                                                                                                                                                                                                                                                                                                                                                                                                                                | None | (refer to CAO's Processing time)                  | Staff-in-Charge, CAO                                                                                                                                                                                               |
| <i>Legislative action on the application:</i><br><br>9. None | <p>9. Receive the documents and refer the same to the City Councilor– Chairperson of the Committee on Zoning, Land Use and Housing Development.</p> <p>9.1 Convene the members of the Committee, deliberate and conduct final review of the proposed development project and submit the Committee Report to the Sangguniang Panlungsod.</p> <p>9.2 Deliberate on the formal approval of the Development Permit for 2 to 3 hearings and pass a corresponding resolution thereafter.</p> <p>9.3 Forward the City Resolution to the City Administrator's Office for review prior to signing by the City Mayor.</p> <p>9.4 Review and sign the Resolution.</p> | None | (refer to the schedule convened by the committee) | <p>SP Secretariat</p> <p>Chairperson and members, SP Committee on Zoning, Land Use and Housing Development</p> <p>Sangguniang Panlungsod members</p> <p>SP Secretariat, Staff-in-Charge, CAO</p> <p>City Mayor</p> |

|                                                                                |                                                                                       |      |                               |                      |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|-------------------------------|----------------------|
|                                                                                | 9.5 Return the signed Resolution to the SP Secretariat (2 <sup>nd</sup> endorsement). |      |                               | Staff-in-Charge, CAO |
|                                                                                | 9.6 Furnish a copy of the approved City Resolution to the Zoning Administrator.       |      |                               | SP Secretariat       |
| 10. Return to ZAO to get copy of City Resolution.                              | 10. Issue copy of City Resolution                                                     | None | 1 day                         | Zoning Officer       |
|                                                                                | <b>TOTAL:</b>                                                                         |      | <b>12 Days and 30 minutes</b> |                      |
| <b>Note:</b> Excluding the processing time of other offices/agencies involved. |                                                                                       |      |                               |                      |



## 6. ISSUANCE OF LAND USE RECONSIDERATION (LZBAA)

The ZAO issues Land Use Reconsideration prior to any development that violates the City Zoning Ordinance with regards the nature and use of the structure.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OFFICE/VISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ZONING ADMINISTRATOR'S OFFICE                                                                                                              |                                                                                                                                                                                                          |  |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Complex                                                                                                                                    |                                                                                                                                                                                                          |  |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                                                                                                                          |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                                                                                                                          |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                                          |  |
| Documentary (1 original each)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                                                                                                          |  |
| 1. Notarized application letter addressed to the City Mayor – Original copy                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            | Applicant, Notary Public                                                                                                                                                                                 |  |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT)<br><br>In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent<br>g. Certification from the registered Homeowner's Association as the legal beneficiary specifying the Block and Lot, and total area awarded. |                                                                                                                                            | Registry of Deeds<br><br>Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner<br>Homeowner's Association President or their authorized representative |  |
| 3. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | City Assessor's Office                                                                                                                                                                                   |  |
| 4. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | City Treasurer's Office                                                                                                                                                                                  |  |
| 5. Lot plan with vicinity map signed and sealed by Geodetic Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            | Registered Geodetic Engineer                                                                                                                                                                             |  |
| 6. Affidavit of No Objection for the Application of Land Use Reconsideration from Adjacent Lot Owners                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | Applicant                                                                                                                                                                                                |  |
| 7. Homeowner's Association Resolution of No Objection                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | Homeowner's Association                                                                                                                                                                                  |  |
| 8. Barangay Resolution (for Land Use Reconsideration) – Original copy                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | Barangay Hall                                                                                                                                                                                            |  |
| 9. Notarized Sworn Statement as to the Mitigating Measures addressing the issues and concerns, but not limited to:<br>● Solid Waste Management<br>● Traffic Management<br>● Parking Management<br>● Time of Operation<br>● Noise Pollution<br>● Air Pollution                                                                                                                                                                                                                                                                |                                                                                                                                            | Applicant, Notary Public                                                                                                                                                                                 |  |
| 10. Traffic Impact Assessment (TIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Environmental Planner or Transport Planner / Transportation Engineer (private)                                                                                                                           |  |
| 11. Documents signed and sealed by a Licensed Professional<br>● Site Development Plan<br>● Lot plan with vicinity map                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | Architect / Civil Engineer<br>Registered Geodetic Engineer                                                                                                                                               |  |

| 12. Picture of Project Sign/Tarpaulin posted at the project site                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                             | Applicant                                                                                                                                                     |                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| 13. Zoning Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             | Zoning Administrator's Office                                                                                                                                 |                 |                    |
| If applicable:<br>1. Certificate of Non-Coverage and Certified true copy of DAR Conversion<br>2. Clearance/Certification from MGB for properties with slopy terrain<br>3. Environmental Compliance Certificate (ECC) or Certificate of Non-Coverage (CNC) whichever is applicable<br>4. DENR Permit to Operate<br>5. LLDA Discharge Permit<br>6. Certification from National Irrigation Administration (NIA)<br>7. DPWH Clearance if the project abuts a national road and/or adjacent to a creek or waterway |                                                                                                                                                                                                                                                             | Department of Agrarian Reform (DAR)<br><br>Mines and Geoscience Bureau (MGB)<br><br>DENR<br>LLDA<br>NIA<br><br>Department of Public Works and Highways (DPWH) |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                                                                                                                                                                                                                                               | FEES TO BE PAID                                                                                                                                               | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the requirements to the City Mayor through Zoning Administrator's Office (ZAO).                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Check the requirements as to completeness and validity.                                                                                                                                                                                                  | None                                                                                                                                                          | 30 minutes      | Zoning Officer     |
| <i>Evaluation of the Application:</i><br><br>2. Cooperate with the inspector during the site inspection.<br><br>2.1 None                                                                                                                                                                                                                                                                                                                                                                                      | 2. Conduct site inspection to verify the lot applied.                                                                                                                                                                                                       | None                                                                                                                                                          | 1 day           | Zoning Inspector   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2.1 Evaluate the application and all the attached documents as to the legal and technical requirements then accomplish the evaluation report form.                                                                                                          |                                                                                                                                                               | 2 days          | Zoning Officer     |
| 3. None<br><br>3.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3.1 Consolidate all the reports and review the findings and recommendation.                                                                                                                                                                                 | None                                                                                                                                                          | 2 days          | Zoning Officer     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3.1 If found compliant, prepare the documents for the LZBAA Meeting                                                                                                                                                                                         |                                                                                                                                                               | 3 days          | Zoning Officer     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If non-compliant, prepare and submit the Notice of Disapproval (NoD) or letter of compliance addressed to the applicant, stating therein all the noted deficiencies which are inconsistent or in violation of pertinent laws and ordinances and their IRRs. |                                                                                                                                                               | 1 day           | Zoning Officer     |

|                                                                                                                            |                                                                                                                                                                      |                                                       |                               |                                               |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------|-----------------------------------------------|
| <i>Legislative action on the application:</i>                                                                              |                                                                                                                                                                      |                                                       |                               |                                               |
| 4. None                                                                                                                    | 4. Schedule the application for LZBAA Meeting for deliberation                                                                                                       | None                                                  |                               | Zoning Officer                                |
| 4.1 None                                                                                                                   | 4.1 Convene the members of the Committee, deliberate and conduct final review of the Land Use Reconsideration thru the Local Zoning Board of Adjustments and Appeals | None                                                  | 1 day                         | Local Zoning Board Of Adjustments and Appeals |
| 4.2 None                                                                                                                   | 4.2 Forward the City Resolution to the City Administrator's Office for signing.                                                                                      | None                                                  | 3 days                        | Zoning Officer<br>Zoning Administrator        |
| 4.3 None                                                                                                                   | 4.3 Review and sign the Resolution.                                                                                                                                  | None                                                  | 5 days                        | City Administrator                            |
| 4.3 None                                                                                                                   | 4.4 Return the signed Resolution to the Zoning Administrator's Office                                                                                                | None                                                  |                               | Zoning Officer<br>Zoning Administrator        |
| 5. Return to ZAO to secure order of payment                                                                                | 5. Issue the order of Payment                                                                                                                                        | None                                                  | 1 day                         | Zoning Officer                                |
| 5.1 Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window. | 5.1 Accept the payment based on the Order of Payment.                                                                                                                | Refer to the Schedule of Fees (Table 6.1) on page 27. |                               | Revenue Collection Clerk                      |
| 5.2 Submit a photocopy of the Official Receipt to the Zoning Administrator's Office (ZAO).                                 | 5.2 Receive the photocopy of the Official Receipt for recording and inform the client of the release date of the Resolution of approval.                             | None                                                  |                               | ZAO Receiving Clerk                           |
| 6. Return to ZAO to get copy of City Resolution.                                                                           | 6. Issue copy of City Resolution                                                                                                                                     | None                                                  | 30 minutes                    | Zoning Officer                                |
|                                                                                                                            | <b>TOTAL:</b>                                                                                                                                                        | Refer to the Schedule of Fees (Table 6.1) below.      | <b>19 Days and 30 minutes</b> |                                               |
| <b>Note:</b> Excluding the processing time of other offices/agencies involved.                                             |                                                                                                                                                                      |                                                       |                               |                                               |

## **SCHEDULE OF FEES FOR LAND USE RECONSIDERATION**

Table 6.1

| <b>Particular</b>                          | <b>Processing fee and Inspection Fee</b> |
|--------------------------------------------|------------------------------------------|
| 1. Dormitories                             | PHP 100.00 / room and Php 1,000.00       |
| 2. Institutional                           | PHP 1,000.00 and Php 1,000.00            |
| 3. Commercial, Industrial, Agro-Industrial | PHP 5,000.00 and Php 1,000.00            |
| 4. Special Uses / Special Project          | PHP 5,000.00 and Php 1,000.00            |

## 7. ISSUANCE OF PRELIMINARY APPROVAL AND LOCATIONAL CLEARANCE (PALC)

The ZAO issues Preliminary Approval and Locational Clearance (PALC) as a pre-requisite in the issuance of a Development Permit.

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                                                                                                  |                 |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                          | ZONING ADMINISTRATOR'S OFFICE                                                                   |                                                                                                                                  |                 |                    |
| ASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                 | Complex                                                                                         |                                                                                                                                  |                 |                    |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                                                                         | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                  |                 |                    |
| HO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                 | Developers; Homeowners Associations                                                             |                                                                                                                                  |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | WHERE TO SECURE                                                                                                                  |                 |                    |
| Documentary (1 original copy and 2 photocopies each)                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                                                                                  |                 |                    |
| 1. Notarized application letter addressed to the City Mayor                                                                                                                                                                                                                                                                                                                   |                                                                                                 | Applicant, Notary Public                                                                                                         |                 |                    |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT)<br><br>In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent |                                                                                                 | Registry of Deeds<br><br>Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner |                 |                    |
| 3. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | City Assessor's Office                                                                                                           |                 |                    |
| 4. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | City Treasurer's Office                                                                                                          |                 |                    |
| 5. Lot plan with vicinity map signed and sealed by Geodetic Engineer                                                                                                                                                                                                                                                                                                          |                                                                                                 | Registered Geodetic Engineer                                                                                                     |                 |                    |
| 6. Sworn Statements as to the nature, number and income level of beneficiaries – Original copy                                                                                                                                                                                                                                                                                |                                                                                                 | Applicant                                                                                                                        |                 |                    |
| 7. Barangay Resolution (for Subdivision/Land Use Development)                                                                                                                                                                                                                                                                                                                 |                                                                                                 | Barangay Hall                                                                                                                    |                 |                    |
| 8. Three (3) sets of the following documents duly signed by a licensed Architect / Engineer<br>a. Site Development Plan (Schematic Plan) showing the Layout<br>b. Survey Plans of lot/s as described in the TCT with Vicinity Map<br>c. Topographic Plan                                                                                                                      |                                                                                                 | Respective Design Professionals (Private Practitioners)                                                                          |                 |                    |
| 9. Zoning Certificate                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | Zoning Administrator's Office                                                                                                    |                 |                    |
| 10. Certificate of Non-Tenancy from the Department of Agrarian Reform and an Affidavit of Waiver of Tenants if the land is an agricultural/ pasture land planted w/ rice and corn                                                                                                                                                                                             |                                                                                                 | Department of Agrarian Reform (DAR) / Notary Public                                                                              |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                                                                                  | PROCESSING TIME | PERSON RESPONSIBLE |
| 1.Submit the requirements to the Zoning Administrator's Office (ZAO).                                                                                                                                                                                                                                                                                                         | 1. Check the requirements as to completeness and validity.                                      | None                                                                                                                             | 1 day           | Zoning Officer     |

|                                                                                                                           |                                                                                                                                         |                                                              |               |                          |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------|--------------------------|
|                                                                                                                           |                                                                                                                                         |                                                              |               |                          |
| 2 .Cooperate with the inspector during the site inspection.                                                               | 2. Conduct site inspection to verify the proposed subdivision plan.                                                                     | None                                                         | 3 days        | Zoning Inspector         |
| 2.1 None                                                                                                                  | 2.1 Evaluate the documents as to legal and technical requirements.                                                                      | None                                                         |               | Zoning Officer           |
| 2.2 None                                                                                                                  | 2.2 Provide recommendation, prepare the Preliminary Approval and Locational Clearance (PALC) and notify the client of the release date. | None                                                         |               | Zoning Officer           |
| 2.3 None                                                                                                                  | 2.3 Check and sign the PALC.                                                                                                            | None                                                         |               | Zoning Administrator     |
| 3.Return to ZAO on the release date and secure the Order of Payment.                                                      | 3.Issue the Order of Payment.                                                                                                           | None                                                         | 1 day         | Zoning Officer           |
| 4. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window. | 4 .Accept the payment based on the Order of Payment.                                                                                    | Refer to the Schedule of Fees (Table 7.1) on page 30.        |               | Revenue Collection Clerk |
| 5. Return to ZAO, show the Official Receipt, and claim the PALC after signing in the Release Log Book.                    | 5. Request the client to sign in the Release Logbook and issue the PALC.                                                                | None                                                         |               | ZAO Releasing Clerk      |
|                                                                                                                           | <b>TOTAL:</b>                                                                                                                           | <b>Refer to the Schedule of Fees (Table 7.1) on page 30.</b> | <b>5 Days</b> |                          |

## Schedule of Fees for PALC

Table 7.1

| Particular                                                                                                                                                                                                                                                                                                                                                                                                                          | Permit Fee                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PD 957</b><br>Preliminary Approval and Locational Clearance (PALC) /<br>Preliminary Subdivision Development Plan (PSDP) <ul style="list-style-type: none"> <li>• Processing Fee</li> <li>• Inspection Fee</li> </ul>                                                                                                                                                                                                             | PHP 360.00 / ha or a fraction thereof<br><br>PHP 1,000.00 / ha<br>PHP 1,500.00 / ha + 10.00/1,000<br>sqm in excess of 1 ha.                     |
| <b>BP 220</b><br>Preliminary Approval and Locational Clearance (PALC) /<br>Preliminary Subdivision Development Plan (PSDP) <ul style="list-style-type: none"> <li>• Processing Fee <ul style="list-style-type: none"> <li>a. Socialized Housing</li> <li>b. Economic Housing</li> </ul> </li> <li>• Inspection Fee <ul style="list-style-type: none"> <li>a. Socialized Housing</li> <li>b. Economic Housing</li> </ul> </li> </ul> | PHP 90.00 / ha or a fraction thereof<br><br>PHP 216.00 / ha<br>PHP 1,000.00 / ha<br><br>PHP 1,500.00 / ha + 3.00/1,000sqm<br>in excess of 1 ha. |

## 8. ISSUANCE OF RESIDENTIAL FREE PATENT

The ZAO gives recommendation letter to DENR-PENRO for titling of residential properties.

|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                                                                                                         |                                                                |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                     | ZONING ADMINISTRATOR'S OFFICE                                                                                                       |                                                                                                                                         |                                                                |                      |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                          | Complex                                                                                                                             |                                                                                                                                         |                                                                |                      |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen;<br>G2G – Government to Government                                                                      |                                                                                                                                         |                                                                |                      |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                           | Lot Owners, in the City of Antipolo                                                                                                 |                                                                                                                                         |                                                                |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                |                                                                                                                                     | WHERE TO SECURE                                                                                                                         |                                                                |                      |
| Documentary (1 original copy and 1 photocopy each)                                                                                                                                                                                                                                                                       |                                                                                                                                     |                                                                                                                                         |                                                                |                      |
| 1. Notarized application letter addressed to the City Mayor                                                                                                                                                                                                                                                              |                                                                                                                                     | Applicant, Notary Public                                                                                                                |                                                                |                      |
| 2. Legal documents as Proof of Ownership<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Extrajudicial Settlement (in case of deceased land owner)                                                                                                                                                              |                                                                                                                                     | Previous Lot Owner<br>Previous Lot Owner<br>Applicant/Lot Owner                                                                         |                                                                |                      |
| 3. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                |                                                                                                                                     | City Assessor's Office                                                                                                                  |                                                                |                      |
| 4. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                 |                                                                                                                                     | City Treasurer's Office                                                                                                                 |                                                                |                      |
| 5. Endorsement letter from DENR-PENRO for titling                                                                                                                                                                                                                                                                        |                                                                                                                                     | DENR-PENRO                                                                                                                              |                                                                |                      |
| 6. Approved Lot plan with Technical Description and Lot Data Computation                                                                                                                                                                                                                                                 |                                                                                                                                     | Land Registration Authority (LRA)                                                                                                       |                                                                |                      |
| 7. Signatories<br>a. 2 Valid IDs of the lot owner/applicant – 1 photocopy with 3 specimen signatures<br>b. For representative, 1 Valid ID with 3 specimen signatures, and either of the following (duly notarized)<br>b.1 Special Power of Attorney (SPA)<br>b.2 Consent of co-owners if TCT is under multiple ownership |                                                                                                                                     | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>Lot Owner / Notary Public<br>Co-owners of the lot |                                                                |                      |
| 8. Barangay Clearance for Titling                                                                                                                                                                                                                                                                                        |                                                                                                                                     | Barangay Hall                                                                                                                           |                                                                |                      |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                             | AGENCY ACTION                                                                                                                       | FEES TO BE PAID                                                                                                                         | PROCESSING TIME                                                | PERSON RESPONSIBLE   |
| 1. Submit the requirements to the Zoning Administrator's Office (ZAO).                                                                                                                                                                                                                                                   | 1. Check the requirements as to completeness and validity.                                                                          | None                                                                                                                                    | 20 minutes                                                     | Receiving Clerk      |
| 2. None                                                                                                                                                                                                                                                                                                                  | 2. Evaluate the documents as to legal and technical requirements                                                                    | None                                                                                                                                    | 1 day                                                          | Zoning Officer       |
| 3. None                                                                                                                                                                                                                                                                                                                  | 3. Furnish the City Engineer a copy thereof together with all the attached documents for their technical evaluation and inspection. | None                                                                                                                                    | 1 day                                                          | Zoning Administrator |
| 4. Cooperate with the inspector during the inspection.                                                                                                                                                                                                                                                                   | 4. Conduct technical evaluation and inspection and provide recommendation to the Zoning Administrator.                              | None                                                                                                                                    | (refer to the City Engineering Office for the processing time) | City Engineer        |
| 5. None                                                                                                                                                                                                                                                                                                                  | 5. Consolidate all evaluation reports and prepare the                                                                               | None                                                                                                                                    | 1 day                                                          | Zoning Officer       |



|                                                                                                                        |                                                                                                                                                                                                                                                                                                     |             |                                                  |                                                 |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-------------------------------------------------|
|                                                                                                                        | <p>Recommendation Letter to DENR-PENRO for titling if the findings warrant the issuance of the permit.</p> <p>5.1 Review the Recommendation Letter DENR-PENRO and all the attachments and endorse the same to the City Mayor for approval.</p> <p>5.2 Check and sign the Recommendation Letter.</p> |             | (refer to City Mayor's Office's Processing time) | <p>Secretary to the Mayor</p> <p>City Mayor</p> |
| 6. Return to ZAO, and claim the Recommendation Letter to DENR-PENRO for titling after signing in the Release Log Book. | 6. Request the client to sign in the Release Logbook and issue the Recommendation Letter to DENR-PENRO.                                                                                                                                                                                             | None        | 10 minutes                                       | Releasing Clerk                                 |
|                                                                                                                        | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                       | <b>None</b> | <b>3 days and 30 minutes</b>                     |                                                 |
| <b>Note:</b> Excluding the processing time of other offices/agencies involved.                                         |                                                                                                                                                                                                                                                                                                     |             |                                                  |                                                 |

## 9. ISSUANCE OF SPECIAL USE PERMIT

The ZAO issues Special Use Permit for establishments as follows: Sanitary Landfill, Materials Recovery Facility (MRF), Memorial Parks with below the ground burial areas, Cemeteries with above-ground burial areas, Columbarium, crematorium, ossuaries, funeral parlors with embalming services, LPG refilling stations, Fire extinguisher refilling station, Slaughterhouse/abattoir, Firing Range, and Cockpit Arena.

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                  |                 |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                          | ZONING ADMINISTRATOR’S OFFICE                                                                                                              |                                                                                                                                  |                 |                    |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                               | Complex                                                                                                                                    |                                                                                                                                  |                 |                    |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                                                                         | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                                                  |                 |                    |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                                                  |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | WHERE TO SECURE                                                                                                                  |                 |                    |
| Documentary (1 original copy and 2 photocopies each)                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            |                                                                                                                                  |                 |                    |
| 1. Notarized application letter addressed to the City Mayor                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            | Applicant, Notary Public                                                                                                         |                 |                    |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT)<br><br>In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent |                                                                                                                                            | Registry of Deeds<br><br>Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner |                 |                    |
| 3. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | City Assessor’s Office                                                                                                           |                 |                    |
| 4. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | City Treasurer’s Office                                                                                                          |                 |                    |
| 5. Lot plan with vicinity map signed and sealed by Geodetic Engineer                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Registered Geodetic Engineer                                                                                                     |                 |                    |
| 6. Site Development Plan                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | Registered Architect or Civil Engineer                                                                                           |                 |                    |
| 7. Barangay Resolution (for Special Use Permit)                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            | Barangay Hall                                                                                                                    |                 |                    |
| 8. Neighborhood Consent within 100meter radius                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            | Applicant                                                                                                                        |                 |                    |
| 9. Traffic Impact Assessment (TIA)                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | Environmental Planner or Transport Planner / Transportation Engineer (private)                                                   |                 |                    |
| 10. Zoning Certificate                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | Zoning Administrator’s Office                                                                                                    |                 |                    |
| If applicable:<br>a. Environmental Compliance Certificate (ECC) or Certificate of Non-Coverage (CNC) whichever is applicable<br>b. DENR Permit to Operate<br>c. LLDA Discharge Permit<br>d. Building Permit and/or Certificate of Occupancy                                                                                                                                   |                                                                                                                                            | DENR<br><br>LLDA<br><br>LGU                                                                                                      |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                                                                                                                              | FEES TO BE PAID                                                                                                                  | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the requirements to the City Mayor through Zoning Administrator’s Office (ZAO).                                                                                                                                                                                                                                                                                     | 1.Check the requirements as to completeness and validity.                                                                                  | None                                                                                                                             | 30 minutes      | Zoning Officer     |

|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                         |                                                                               |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|-------------------------------------------------------------------------------|
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                         |                                                                               |
| <p><i>Evaluation of the Application:</i></p> <p>2. Cooperate with the inspector during the site inspection.</p> | <p>2. Conduct site inspection to verify the lot applied.</p> <p>2.1 Evaluate the application and all the attached documents as to the legal and technical requirements then accomplish the evaluation report form.</p>                                                                                                                                                                                                                                                                                                                                             | <p>None</p> <p>None</p> | <p>1 day</p> <p>2 days</p>              | <p>Zoning Inspector</p> <p>Zoning Officer</p>                                 |
| <p>3. None</p> <p>3.1 None</p> <p>3.2 None</p>                                                                  | <p>3. Consolidate all the reports and review the findings and recommendation.</p> <p>3.1 If found compliant, prepare and submit the final report to the City Mayor thru the City Administrator, recommending favorable action on the application.</p> <p>3.2 If non-compliant, prepare and submit the Notice of Disapproval (NoD) or letter of compliance addressed to the applicant, stating therein all the noted deficiencies which are inconsistent or in violation of pertinent laws and ordinances and their IRRs and forward to the City Administrator.</p> | <p>None</p>             | <p>1 day</p> <p>2 days</p> <p>1 day</p> | <p>Zoning Officer</p> <p>Zoning Administrator</p> <p>Zoning Administrator</p> |
| 4. None                                                                                                         | 4. Review the endorsement letter and all the attached documents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | None                    | 2 days                                  | Zoning Officer                                                                |
| 5. None                                                                                                         | 5. Check and sign the endorsement letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | 1 day                                   | Zoning Administrator                                                          |
| 6. None                                                                                                         | 6. Forward the endorsement letter to the City Administrator's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | None                    | 1 day                                   | Zoning Officer                                                                |

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                   |                                                                                                                                                                                           |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                       | attached all the copy of requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                   |                                                                                                                                                                                           |
| 7. None                                               | 7. Prepare the Mayor's letter to the Sangguniang Panlungsod (SP) recommending for the approval of the application for Special Use Permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                               | None | (refer to CAO's Processing time)                  | Staff-in-Charge, CAO                                                                                                                                                                      |
| 8. None                                               | 8. Transmit to the Sangguniang Panlungsod Secretariat the following documents:<br><br>a. Signed letter of the Mayor<br>b. One (1) set of submitted documents, and consolidated reports                                                                                                                                                                                                                                                                                                                                                                                                                  | None | (refer to CAO's Processing time)                  | Staff-in-Charge, CAO                                                                                                                                                                      |
| Legislative action on the application:<br><br>9. None | 9. Receive the documents and refer the same to the City Councilor–Chairperson of the Committee on Zoning, Land Use and Housing Development.<br><br>9.1 Convene the members of the Committee, deliberate and conduct final review of the proposed development project and submit the Committee Report to the Sangguniang Panlungsod.<br><br>9.2 Deliberate on the formal approval of the Special Use Permit for 2 to 3 hearings and pass a corresponding resolution thereafter.<br><br>9.7 Forward the City Resolution to the City Administrator's Office for review prior to signing by the City Mayor. | None | (refer to the schedule convened by the committee) | SP Secretariat<br><br>Chairperson and members, SP Committee on Zoning, Land Use and Housing Development<br><br>Sangguniang Panlungsod members<br><br>SP Secretariat, Staff-in-Charge, CAO |

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                    |                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                      | <p>9.8 Review and sign the Resolution.</p> <p>9.9 Return the signed Resolution to the SP Secretariat (2<sup>nd</sup> endorsement).</p> <p>9.10 Furnish a copy of the approved City Resolution to the Zoning Administrator.</p>                                                                                                                |                                                        |                                                    | <p>City Mayor</p> <p>Staff-in-Charge,<br/>CAO</p> <p>SP Secretariat</p>                     |
| 10. None                                                                                                                                                                                                                             | 10. Issue the Order of Payment.                                                                                                                                                                                                                                                                                                               | None                                                   | 1 day                                              | Zoning Officer                                                                              |
| <p>11. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window.</p> <p>11.1 Submit a photocopy of the Official Receipt to the Zoning Administrator's Office (ZAO).</p> | <p>11. Accept the payment based on the Order of Payment.</p> <p>11.1 Receive the photocopy of the Official Receipt for recording and inform the client of the release date of the Special Use Permit.</p>                                                                                                                                     | Refer to the Schedule of Fees (Table 11.1) on page 43. | (refer to City Treasurer's Office processing time) | <p>Revenue Collection Clerk</p> <p>ZAO Receiving Clerk</p>                                  |
| <i>Issuance of the Development Permit:</i>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                    |                                                                                             |
| 12. None                                                                                                                                                                                                                             | <p>12. Prepare the Special Use Permit and stamp all the Site Development Plans with "APPROVED FOR SPECIAL USE PERMIT".</p> <p>12.1 Check the Special Use Permit and all the attached site development plans marked as "APPROVED FOR SPECIAL USE PERMIT."</p> <p>12.2 Sign the Special Use Permit and the attached site development plans.</p> | None                                                   | 7 days                                             | <p>Zoning Officer</p> <p>Zoning Administrator, Secretary to the Mayor</p> <p>City Mayor</p> |

|                                                                                           |                                                                                         |                                                                                                |                               |                           |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|
|                                                                                           |                                                                                         |                                                                                                |                               |                           |
| 13. Return to ZAO and claim the Development Permit after signing in the Release Log Book. | 13. Request the client to sign in the Release Logbook and issue the Development Permit. | None                                                                                           | 30 minutes                    | ZAO<br>Releasing<br>Clerk |
|                                                                                           | <b>TOTAL:</b>                                                                           | <b>Refer to<br/>the<br/>Schedul<br/>e of<br/>Fees<br/>(Table<br/>11.1) on<br/>page<br/>43.</b> | <b>19 Days<br/>30 minutes</b> |                           |
| <b>Note:</b> Excluding the processing time of other offices/agencies involved.            |                                                                                         |                                                                                                |                               |                           |

## 10. ISSUANCE OF SURVEY PERMIT

Prior to new development, a real property owner is required to secure a Survey Permit in order to first establish true property lines before any development on the property will take place.

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                 | ZONING ADMINISTRATOR'S OFFICE                                                                                                              |                                                                                                                                                                    |  |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                      | Complex                                                                                                                                    |                                                                                                                                                                    |  |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                            |                                                                                                                                                                    |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                       | Developers, House Contractors, Lot Owners, Business Proprietors, Private Companies and Stakeholders of Development in the City of Antipolo |                                                                                                                                                                    |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | WHERE TO SECURE                                                                                                                                                    |  |
| Documentary (1 original copy each)                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                    |  |
| 1. Notarized application letter addressed to the City Mayor – Original copy                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Applicant, Notary Public                                                                                                                                           |  |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT)<br><br>In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent                        |                                                                                                                                            | Registry of Deeds<br><br>Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner                                   |  |
| 3. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | City Assessor's Office                                                                                                                                             |  |
| 4. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            | City Treasurer's Office                                                                                                                                            |  |
| 5. Lot plan with vicinity map signed and sealed by Geodetic Engineer                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            | Registered Geodetic Engineer                                                                                                                                       |  |
| 6. Legal Documents from other government agencies, if any                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | Government agencies concerned                                                                                                                                      |  |
| 7. Signatories<br>a. 2 Valid IDs of the lot owner/applicant – 1 photocopy with 3 specimen signatures<br>b. For representative, 1 Valid ID with 3 specimen signatures, and either of the following (duly notarized)<br>b.1 Special Power of Attorney (SPA)<br>b.2 Secretary's Certificate with Board Resolution (if under Corporation)<br>b.3 Consent of co-owners if TCT is under multiple ownership |                                                                                                                                            | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>Lot Owner / Notary Public<br>Corporate Secretary<br><br>Co-owners of the lot |  |
| 8. Barangay Clearance for Survey Permit                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            | Barangay Hall                                                                                                                                                      |  |
| 9. PRC ID and PTR of the surveyor – 1 photocopy each with original sign and seal                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | Professional Regulatory Commission (PRC) / Registered Geodetic Engineer/Surveyor                                                                                   |  |
| 10. Certification issued by Clerk of Court that the Land applied has No Pending Judicial / Administrative Cases<br>In case of an on-going case, attach copy of recent Court Order and/or Decision                                                                                                                                                                                                    |                                                                                                                                            | Hall of Justice                                                                                                                                                    |  |

| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                       | AGENCY ACTION                                                                                                            | FEES TO BE PAID                                               | PROCESSING TIME                                    | PERSON RESPONSIBLE       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------|--------------------------|
| 1. Submit the requirements to the Zoning Administrator's Office (ZAO).                                                                                                                                                                                                                                                                             | 1. Check the requirements as to completeness and validity.                                                               | None                                                          | 20 minutes                                         | Receiving Clerk          |
| 2. None                                                                                                                                                                                                                                                                                                                                            | 2. Evaluate the documents as to legal and technical requirements.                                                        | None                                                          | 3 days                                             | Zoning Officer           |
| 2.1 None                                                                                                                                                                                                                                                                                                                                           | 2.1 Consolidate all evaluation reports and prepare the Survey Permit if the findings warrant the issuance of the permit. |                                                               |                                                    | Zoning Officer           |
| 2.2 None                                                                                                                                                                                                                                                                                                                                           | 2.2 Review the Survey Permit and all the attachments and endorse the same to the City Mayor for approval.                |                                                               |                                                    | Zoning Administrator     |
| 2.3 None                                                                                                                                                                                                                                                                                                                                           | 2.3 Check and sign the Survey Permit.                                                                                    |                                                               |                                                    | City Mayor               |
| 2.4 Once notified by the Zoning Officer, return to ZAO and secure the Order of Payment.                                                                                                                                                                                                                                                            | 2.4 Issue the Order of Payment.                                                                                          |                                                               |                                                    | Zoning Officer           |
| 3. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window.                                                                                                                                                                                                                          | 3. Accept the payment based on the Order of Payment.                                                                     | Refer to the Schedule of Fees (Table 10.1) on page 40.        | (refer to City Treasurer's Office processing time) | Revenue Collection Clerk |
| 4. Return to ZAO, show the Official Receipt, and claim the Survey Permit after signing in the Release Log Book.                                                                                                                                                                                                                                    | 4. Request the client to sign in the Release Logbook and issue the Survey Permit.                                        | None                                                          | 10 minutes                                         | Releasing Clerk          |
|                                                                                                                                                                                                                                                                                                                                                    | <b>TOTAL:</b>                                                                                                            | <b>Refer to the Schedule of Fees (Table 10.1) on page 40.</b> | <b>3 days and 30 minutes</b>                       |                          |
| <b>Note:</b> The permittee shall submit to the City Government, within seven (7) days after completion of the survey or from the expiration of the permit, whichever comes first, a final survey report that was undertaken pursuant to this permit. Otherwise, the survey shall be deemed to have completed to the satisfaction of the permittee. |                                                                                                                          |                                                               |                                                    |                          |



### Schedule of Fees for Survey Permit

Table 10.1

| Particular             | Survey Permit Fee | Processing Fee |
|------------------------|-------------------|----------------|
| 1. 1 sqm – 50 sqm      | PHP 500.00        | PHP 200.00     |
| 2. 51 sqm – 100 sqm    | PHP 700.00        |                |
| 3. 101 sqm – 500 sqm   | PHP 1,000.00      |                |
| 4. 501 sqm – 1 has     | PHP 1,500.00      |                |
| 5. Above 1 has – 5 has | PHP 10,000.00     |                |
| 6. Above 5 has         | PHP 15,000.00     |                |

## 11. ISSUANCE OF ZONING / LOCATIONAL CLEARANCE

A Locational Clearance, commonly referred to as Zoning Permit, is one of the prerequisite documents before a person can get a Building Permit and Business Permit. This is to ensure that construction of the building follows the Comprehensive Land Use Plan and Zoning Ordinance of the City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ZONING ADMINISTRATOR'S OFFICE                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Complex                                                                                                                                                                                                  |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Applicants for Building Permit and Business Permit                                                                                                                                                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WHERE TO SECURE                                                                                                                                                                                          |
| <b>A. Documentary (1 original copy and 2 photocopies each)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |
| 1. Duly Accomplished Application Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Zoning Administrator's Office (Window 3)                                                                                                                                                                 |
| 2. Certified True Copy of Original/Transfer Certificate of Title (O/TCT)<br><br>In case the O/TCT is not yet in the name of the applicant, in addition to the above:<br>a. Deed of Absolute Sale<br>b. Contract to Sell<br>c. Lease Contract<br>d. Extrajudicial Settlement (in case of deceased land owner)<br>e. Usufruct Agreement<br>f. Affidavit / Resolution of Consent<br>g. Certification from the registered Homeowner's Association as the legal beneficiary specifying the Block and Lot, and total area awarded. | Registry of Deeds<br><br>Previous Lot Owner<br>Previous Lot Owner<br>Lessor<br>Applicant/Lot Owner<br><br>Lot Owner<br>Lot Owner<br>Homeowner's Association President or their authorized representative |
| 3. Signatories<br>a. 2 Valid IDs of the lot owner/applicant – 1 photocopy with 3 specimen signatures<br>b. For representative, 1 Valid ID with 3 specimen signatures, and either of the following (duly notarized)<br>b.1 Special Power of Attorney (SPA)<br>b.2 Secretary's Certificate with Board Resolution (if under Corporation)<br>b.3 Consent of co-owners if TCT is under multiple ownership                                                                                                                         | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>Lot Owner / Notary Public<br>Corporate Secretary<br><br>Co-owners of the lot                                       |
| 4. Certified True Copy of Tax Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City Assessor's Office                                                                                                                                                                                   |
| 5. Current Tax Receipt and Tax Clearance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City Treasurer's Office                                                                                                                                                                                  |
| 6. Barangay Construction Clearance (original)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Zoning Administrator's Office                                                                                                                                                                            |
| 7. Homeowner's Association Clearance – for Building Permit (original)<br><br>If not applicable, provide Certification from Barangay that there is no existing and/or active Homeowners' Association and Developer's Clearance                                                                                                                                                                                                                                                                                                | Homeowner's Association President or their authorized representative<br><br>Barangay<br><br>Subdivision's Developer                                                                                      |
| 8. Approved Development Plans and Development Permit from the subdivision developer, if necessary                                                                                                                                                                                                                                                                                                                                                                                                                            | Subdivision Developer                                                                                                                                                                                    |
| 9. For establishments, if applicable, and upon evaluation – 1 photocopy:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          |

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                    |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| a. Traffic Impact Assessment<br>b. CAAP Clearance                                                                                                                                                                             |                                                                                                                                                                                                                                                                       | Environmental Planner or Transport Planner /<br>Transportation Engineer (private)<br>Civil Aviation Authority of the Philippines<br>(CAAP) |                                                    |                                                             |
| Technical                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                    |                                                             |
| 1. Building Plan duly signed and sealed by a Licensed Architect for Architectural plans; Civil Engineer for Structural Plans; Professional Electrical Engineer and Sanitary Engineer of Master Plumber for Utilities – 4 sets |                                                                                                                                                                                                                                                                       | Respective Design Professionals (Private Practitioners)                                                                                    |                                                    |                                                             |
| 2. Lot plan signed and sealed by Geodetic Engineer                                                                                                                                                                            |                                                                                                                                                                                                                                                                       | Registered Geodetic Engineer                                                                                                               |                                                    |                                                             |
| 3. Bills of Materials / Estimate value of the building/structure to be erected as declared by the owner and by the designing engineers (signed and sealed by each practitioner)                                               |                                                                                                                                                                                                                                                                       | Respective Design Professionals (Private Practitioners)                                                                                    |                                                    |                                                             |
| CLIENT STEPS                                                                                                                                                                                                                  | AGENCY ACTION                                                                                                                                                                                                                                                         | FEES TO BE PAID                                                                                                                            | PROCESSING TIME                                    | PERSON RESPONSIBLE                                          |
| 1.Submit the requirements to the Zoning Administrator’s Office (ZAO).<br><br>1.1 None<br><br>1.2 Secure the Order of Payment.                                                                                                 | 1.Check the requirements as to completeness and validity.<br><br>1.1 Evaluate the documents as to legal and technical requirements.<br><br>1.2 Issue the Order of Payment.                                                                                            | None                                                                                                                                       | 30 minutes                                         | Zoning Officer                                              |
| 2. Pay the required fees to the City Treasurer’s Office by showing the Order of Payment at the designated Payment Window.                                                                                                     | 2. Accept the payment based on the Order of Payment.                                                                                                                                                                                                                  | Refer to the Schedule of Fees (Table 11.1) on page 43.                                                                                     | (refer to City Treasurer’s Office processing time) | Revenue Collection Clerk                                    |
| 3. Return to ZAO and show the Official Receipt for the issuance of Zoning Clearance.<br><br>3.1 None<br><br>3.2 Claim the Zoning/ Locational Clearance after signing in the Release Log Book.                                 | 3. Check the Official Receipt.<br><br>3.1 Prepare the Locational Clearance and forward the same and all the attached documents to the Zoning Administrator.<br><br>3.2 Request the client to sign in the Release Log Book and issue the Zoning/ Locational Clearance. | None<br><br>None<br><br>None                                                                                                               | 15 minutes                                         | Zoning Officer<br><br>Zoning Officer<br><br>Releasing Clerk |
|                                                                                                                                                                                                                               | TOTAL:                                                                                                                                                                                                                                                                | Refer to the Schedule of Fees (Table 11.1) on page 43.                                                                                     | 45 minutes                                         |                                                             |

## Schedule of Fees for Zoning / Locational Clearance

Table 8.1

| Project Cost                                                                                                                                                                                              | Locational Clearance Fee                                                             | Inspection Fee                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Single Residential Structure attached or detached                                                                                                                                                         |                                                                                      |                                                                     |
| 1. PHP100,000.00 and below                                                                                                                                                                                | PHP 288.00                                                                           | PHP 500.00                                                          |
| 2. Over PHP 100,000.00 to PHP 200,000.00                                                                                                                                                                  | PHP 576.00                                                                           |                                                                     |
| 3. Over PHP 200,000.00                                                                                                                                                                                    | PHP 720.00 + 1/10 of 1% in excess of PHP 200,000.00                                  |                                                                     |
| B. Apartment/ Townhouses                                                                                                                                                                                  |                                                                                      |                                                                     |
| 1. PHP 500,000.00 and below                                                                                                                                                                               | PHP 1,440.00                                                                         | PHP 100.00/unit                                                     |
| 2. Over PHP 500,000.00 to PHP 2 million                                                                                                                                                                   | PHP 2,160.00                                                                         |                                                                     |
| 3. Over PHP 2 million                                                                                                                                                                                     | PHP 3,600.00 + 1/10 of 1% in excess of PHP 2 million (regardless of number of doors) |                                                                     |
| C. Dormitories                                                                                                                                                                                            |                                                                                      |                                                                     |
| 1. PHP 2 million and below                                                                                                                                                                                | PHP 3,600.00                                                                         | PHP 100.00/room                                                     |
| 2. Over PHP 2 million                                                                                                                                                                                     | PHP 3,600.00 + 1/10 of 1% in excess of PHP 2 million (regardless of number of doors) |                                                                     |
| D. Institutional                                                                                                                                                                                          |                                                                                      |                                                                     |
| 1. PHP 2 million and below                                                                                                                                                                                | PHP 2,880.00                                                                         | PHP 300.00 per 100 sqm<br>(+PHP 3.00/sqm in excess of 100 sqm)      |
| 2. Over PHP 2 million                                                                                                                                                                                     | PHP 2,880.00 + 1/10 of 1% of cost in excess of PHP 2 million                         |                                                                     |
| E. Commercial, industrial & Agro-Industrial                                                                                                                                                               |                                                                                      |                                                                     |
| 1. Below PHP 100,000.00                                                                                                                                                                                   | PHP 1,440.00                                                                         | PHP 500.00 per 100 sqm<br>(+PHP 50.00 per sqm in excess of 100 sqm) |
| 2. Over PHP 100,000.00 to PHP 500,000.00                                                                                                                                                                  | PHP 2,160.00                                                                         |                                                                     |
| 3. Over PHP 500,000.00 to PHP 1 million                                                                                                                                                                   | PHP 2,880.00                                                                         |                                                                     |
| 4. Over PHP 1 million to PHP 2 million                                                                                                                                                                    | PHP 4,320.00                                                                         |                                                                     |
| 5. Over PHP 2 million                                                                                                                                                                                     | PHP 7,200.00 + 1/10 of 1% of cost in excess of PHP 2 million                         |                                                                     |
| F. Special Uses / Special Projects (Gasoline Station, Cell Site, Slaughter House, Treatment Plant, Memorial Parks, Funeral Parlors, Sanitary Landfill, Firing Range, Fire Extinguisher Refilling Station) |                                                                                      |                                                                     |
| 1. PHP 2 million and below                                                                                                                                                                                | PHP 7,200.00                                                                         | PHP 500.00 per 100 sqm<br>(+PHP 10.00/sqm in excess of 100 sqm)     |
| 2. Over PHP 2 million                                                                                                                                                                                     | PHP 7,200.00 + 1/10 of 1% of cost in excess of PHP 2 million                         |                                                                     |

|                                                                      |                                                              |  |
|----------------------------------------------------------------------|--------------------------------------------------------------|--|
|                                                                      |                                                              |  |
| <b>G. Temporary Use Permit / Business Permit</b>                     |                                                              |  |
| <b>Project Cost (Php)</b>                                            | <b>Locational Clearance Fee</b>                              |  |
| 1. Sari-sari Store<br>a. 1 sqm – 20 sqm<br>b. 20 sqm – above         | PHP 500.00<br>PHP 500.00 + PHP 30.00/sqm in excess of 20 sqm |  |
| 2. Commercial Establishments/<br>Institutional/Recreational/Cemetery | PHP 1,000.00 + PHP 10.00/sqm in excess of 100<br>sqm         |  |
| 3. Industrial and Agro-Industrial<br>Establishments                  | PHP 2,000.00 + PHP 15.00/sqm in excess of 100<br>sqm         |  |
| 4. Agricultural Establishment                                        | PHP 500.00 + PHP 30.00/sqm in excess of 1,000<br>sqm         |  |
| Inspection Fee (New Applicant)                                       | PHP 500.00                                                   |  |



# **NON-BUSINESS RELATED SERVICES**



# **Antipolo City Anti-Drug Abuse Office External Services**



## 1. ENDORSEMENT TO THE DEPARTMENT OF HEALTH (DOH) TREATMENT AND REHABILITATION (TRC) CENTER - BICUTAN

The treatment and rehabilitation of drug dependents is a crucial component of drug demand reduction. Republic Act 9165, also known as The Comprehensive Dangerous Drugs Act of 2002, as amended, establishes the State's policy to provide effective mechanisms for the reintegration of individuals affected by drug abuse or dependence through sustainable treatment and rehabilitation programs.

In line with this goal, the City Government of Antipolo, through the Antipolo City Anti-Drug Abuse Office (ACADAO), facilitates the issuance of Endorsement/Guarantee Letters for Persons Who Use Drugs (PWUDs) seeking admission to the Department of Health Treatment and Rehabilitation Center (DOH TRC) in Bicutan, Taguig City. PWUDs who receive an endorsement letter are accompanied by ACADAO staff on the day of their travel to DOH TRC- Bicutan to ensure a smooth admission process.

|                              |                                                               |
|------------------------------|---------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office (ACADAO)                 |
| <b>CLASSIFICATION:</b>       | Highly Technical                                              |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | PWUDs who are residents of Antipolo City                      |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                        | WHERE TO SECURE                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>1. Letter of Request addressed to the City Mayor</b><br><b>1.1 The letter should contain the following details:</b><br>1.1.1 Full name of requestee<br>1.1.2 Contact details Telephone or mobile number; and/or Email address | Client                                                            |
| <b>2. Barangay Certificate of Indigency</b>                                                                                                                                                                                      | Barangay where the client resides                                 |
| <b>3. ACADAO Referral</b>                                                                                                                                                                                                        | ACADAO                                                            |
| <b>4. Social Case Study Report / Endorsement Letter</b>                                                                                                                                                                          | City Social Welfare and Development Office (CSWDO)                |
| <b>5. Drug Dependency Examination</b>                                                                                                                                                                                            | City Health Office (CHO)                                          |
| <b>6. Court Order</b>                                                                                                                                                                                                            | Regional Trial Court (RTC) through the Dangerous Drug Board (DDB) |
| <b>7. Results of the Medical Laboratory Exams</b>                                                                                                                                                                                | Antipolo City Hospital System (ACHS) / CHO                        |



| CLIENT STEPS                                                                                                                                                                                                                                                   | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Client Inquiry</p> <p>1.1 High Risk Individuals - If the client was assessed to be a high risk individual, the client will go to the Dangerous Drug Board (DDB) to secure a referral to the CHO for a schedule of Drug Dependency Examination (DDE).</p> | <p>1.1. The ACADAO will conduct an intake interview for the initial assessment of the client to be signed by the office head.</p>                                                                                                                                                                                                                                                                                                                              | None            | 25 minutes      | <p>Michael John Maestro, Psychiatric Nurse</p> <p>Action Officer (ACADAO Head)</p> <p>Dangerous Drug Board Officer (DDB)</p>                                              |
| <p>2. Present DDE Result</p>                                                                                                                                                                                                                                   | <p>2.1 The office will take and check the DDE result of the client.</p> <p>2.1.1 No DDE - If the client has no DDE, the ACADAO will suggest to client to go the Dangerous Drug Board (DDB) for the referral to the CHO to conduct the DDE and attached to it is the intake interview sheet.</p> <p>2.1.2 Upon completion of the DDE, the ACADAO will check the result and formulate a referral letter / endorsement to the CSWDO for the Social Case Study</p> | None            | 1.5 hours       | <p>Action Officer (ACADAO)</p> <p>For DDE:</p> <p>Dangerous Drug Board Officer</p> <p>Action Officer (DOH-Accredited Physician)</p> <p>Action Officer (CHO Personnel)</p> |
| <p>3. Proceed to the CSWDO</p> <p>3.1. Document Submission</p>                                                                                                                                                                                                 | <p>3.1 The CSWDO will check the Medical Certificate and other requirements:</p> <p>3.1.1 Letter of Intent from the patient</p>                                                                                                                                                                                                                                                                                                                                 | None            | 5 minutes       | <p>Action Officer (ACADAO Administrative Staff)</p>                                                                                                                       |

| CLIENT STEPS                                                                                                                                    | AGENCY ACTION                                                                                                                                                                                                                                                                                                             | FEES TO BE PAID | PROCESSING TIME    | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------------------------------|
| and Assessment<br><br>3.2. Processing and Release                                                                                               | 3.1.2 Letter of Intent from the family<br>3.1.3 Certificate of Indigency                                                                                                                                                                                                                                                  |                 |                    |                                                           |
|                                                                                                                                                 | 3.2 The social worker / CSWDO Staff / Head will verify the documents and proceed with the process of issuing a Social Case Study.<br><br>3.2.1 A social worker will interview the client (client and spouse / parent, if applicable)<br><br>3.2.2 The social worker will schedule and conduct a home visit (if necessary) | None            | 45 minutes - 1 day | Action Officer (Social Worker / CSWDO Staff / CSWDO Head) |
|                                                                                                                                                 | 3.3. Upon completion of the above, the social worker will prepare the Social Case Study Report                                                                                                                                                                                                                            | None            | 45 minutes         | Action Officer (Social Worker / CSWDO Staff / CSWDO Head) |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                           |                 |                    |                                                           |
| 4. Proceed to the CHO                                                                                                                           | 3.1. Get the result of the DDE from the CHO                                                                                                                                                                                                                                                                               | None            | 5 minutes          | Action Officer (CHO Personnel)                            |
| 5. Apply for a Voluntary Confinement and secure a Court Order of Confinement with Dangerous Drug Board Officer by showing all the requirements. | 5.1. The Dangerous Drug Board Officer (DDB) will receive the requirements (e.g., DDE Result, Letter of Intent for Treatment) for processing the Voluntary Confinement / Court Order of Confinement                                                                                                                        | None            | 1.5 hour           | Dangerous Drug Board Officer (DDB)                        |

| CLIENT STEPS                                                                                                                                                                 | AGENCY ACTION                                                                                                                                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| 6. Once the Court Order* for Confinement has been acquired at the DDB, proceed to the CHO and request for a laboratory exam (CBC, Urinalysis, Fecalalysis, Chest X-ray, ECG) | 6.1. Assist and endorse the client to Mayor's Helpdesk                                                                                                                                         | None            | 20 minutes      | Action Officer (CHO)                                      |
| 7. Proceed to the ACADAO                                                                                                                                                     | 7.1. Assist the client and endorse / accompany him/her at the Mayor's Helpdesk                                                                                                                 | None            | 5 minutes       | Action Officer (ACADAO Administrative Staff)              |
| 8. Proceed to the Mayor's Helpdesk                                                                                                                                           | 8.1. The helpdesk will endorse the client to the Antipolo City Hospital Annex (ACHS) for free laboratory tests (Urinalysis, Fecalalysis, CBC test, Chest X-ray, and ECG)                       | None            | 10 minutes      | Action Officer (Social Worker / CSWDO Staff / CSWDO Head) |
| 9. Proceed to the Antipolo City Hospital Annex<br><br>9.1 Proceed to the ACHS Malasakit Helpdesk with the requirements to undergo free laboratory tests                      | 9.1. The Malasakit Helpdesk will process the request and assist the client in receiving free laboratory tests.<br><br>9.1.2. The client will be informed regarding the release of the results. | None            | 1 day           | Action Officer (ACHS Staff)                               |
| 10. Wait for the laboratory result and submit to the ACADAO                                                                                                                  | 10.1. The client will be notified regarding the results of the laboratory tests.                                                                                                               | None            | 3 days          | Action Officer (ACHS Staff)                               |
| 11. Return to the ACADAO and submit the Court Order of Confinement                                                                                                           | 11.1. The ACADAO will receive all the requirements and prepare the endorsement /                                                                                                               | None            |                 | Action Officer (ACADAO Administrative Staff)              |

| CLIENT STEPS                                                                  | AGENCY ACTION                                                                                                                                                                             | FEES TO BE PAID | PROCESSING TIME                        | PERSON RESPONSIBLE                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------|----------------------------------------------------------------------|
| and all the other requirements                                                | guarantee letter which will be signed by the City Mayor.                                                                                                                                  |                 |                                        |                                                                      |
|                                                                               | 11.2. The endorsement letter will be endorsed to the Office of the City Administrator for "initial" and checking.                                                                         | None            | 1 day                                  | Action Officer (Office of the City Administrator - Incoming / Staff) |
|                                                                               | 11.3. The endorsement letter will be forwarded to the Office of the City Mayor for verification and signature.                                                                            | None            | 1 day                                  | Action Officer (Office of the City Mayor- Incoming / Staff)          |
| 12.Coordinate with ACADAO for the scheduling of travel to the DOH TRC-Bicutan | 12.1. Once the endorsement / guarantee letter has been signed, the ACADAO will coordinate with the client to arrange the schedule of travel to DOH TRC-Bicutan such as the date and time. | None            | 5 minutes                              | Action Officer (ACADAO Administrative Staff)                         |
| 13. Coordinate with the ACADAO for the final briefing and referral            | 13.1. The ACADAO will conduct a final briefing to the client / patient and refer him/her to the DOH TRC-Bicutan                                                                           | None            | 20 minutes                             | Action Officer (ACADAO Administrative Staff)                         |
| 14.Travel to Bicutan with the ACADAO                                          | 12.1. The ACADAO will accompany the client to the DOH TRC-Bicutan                                                                                                                         | None            | 2 hours                                | Action Officer (ACADAO Administrative Staff)                         |
| <b>TOTAL</b>                                                                  |                                                                                                                                                                                           | <b>None</b>     | <b>7 days, 7 hours, and 20 minutes</b> |                                                                      |

\*The Court Order can be acquired at the Regional Trial Court, through the Public Attorney's Office which is part of the process of claiming the Court Order of Confinement. The total processing time of acquiring this requirement may vary depending on the complexity of the case, number of individuals applying, and other circumstances. The acquisition of a Court Order typically last between one (1) to two (2) months along with the Certificate of Confinement.

## 2. HANDLING OF INQUIRIES (WALK-IN, ONLINE, AND PHONE)

The Antipolo City Anti-Drug Abuse Office (ACADAO) accommodates inquiries from individuals, families, and organizations regarding its anti-drug programs, services, and initiatives. Clients may reach out through walk-in visits, online platforms, or phone calls for assistance.

For walk-in inquiries, clients may visit the ACADAO office during operating hours, where staff will provide immediate guidance and support. Online inquiries can be sent via the office's official Facebook page or email, while phone inquiries can be made through (02) 8689-4588.

ACADAO ensures that all inquiries are handled promptly and accurately. Response times may vary depending on the nature of the request and the volume of inquiries received.

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office                                                            |
| <b>CLASSIFICATION:</b>       | Simple - Complex                                                                                |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Businesses<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | Citizens of Antipolo, Government Agencies                                                       |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                | WHERE TO SECURE                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>FOR SIMPLE INQUIRIES</b>                                                                                                                                                                                                                              |                                                                                                   |
| None                                                                                                                                                                                                                                                     | n/a                                                                                               |
| <b>FOR COMPLEX INQUIRIES</b>                                                                                                                                                                                                                             |                                                                                                   |
| <b>1. Letter of Request addressed to the City Mayor</b><br><b>1.1 The letter should contain the following details:</b><br>1.1.1 Full name of requestee<br>1.1.1.1 Contact details<br>1.1.1.2 Telephone or mobile number; and/or<br>1.1.1.3 Email address | Client                                                                                            |
| <b>2. Document/s establishing identification such as <b>printed or photocopied copy of at least one (1) ID card</b> of the requesting individual, party, or representative, as follows:</b>                                                              | Client                                                                                            |
| <ul style="list-style-type: none"> <li>Philippine Identification (PhilID) or National ID</li> </ul>                                                                                                                                                      | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"> <li>PWD ID</li> </ul>                                                                                                                                                                                                 | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"> <li>Solo Parent ID</li> </ul>                                                                                                                                                                                         | CSWDO                                                                                             |
| <ul style="list-style-type: none"> <li>Senior Citizen's ID</li> </ul>                                                                                                                                                                                    | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"> <li>Company / Office ID</li> </ul>                                                                                                                                                                                    | Requesting party's company / office                                                               |

|             |                           |
|-------------|---------------------------|
| • School ID | Requesting party's school |
| • Postal ID | PhilPost                  |

| CHECKLIST OF REQUIREMENTS                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------|--------------------------------------------------------------|
| • Barangay ID                                                             | Barangay where the requesting party resides                  |
| • Police Clearance / Police Clearance Certificate                         | Philippine National Police                                   |
| • NBI Clearance                                                           | National Bureau of Investigation                             |
| • Driver's License / Temporary Driver's License / Student Driver's Permit | Land Transportation Office                                   |
| • Passport                                                                | Department of Foreign Affairs                                |
| • PRC License                                                             | Professional Regulation Commission                           |
| • SSS ID                                                                  | Social Security System                                       |
| • GSIS ID (UMID)                                                          | GSIS                                                         |
| • Voter's ID / Voter's Certification                                      | Commission on Election                                       |
| • BIR / Taxpayer's ID                                                     | Bureau of Internal Revenue                                   |
| • PhilHealth ID                                                           | PhilHealth                                                   |
| • Seaman's Book                                                           | MARINA                                                       |
| • HDMF Transaction Card                                                   | HDMF                                                         |
| • Alien Certificate of Registration Identity Card (ACR I-CARD)            | Bureau of Immigration                                        |
| • CSC Eligibility Card                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                                                                                                                                    | AGENCY ACTION                                         | FEE S TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|-----------------|----------------------------------------------|
| <b>A. SIMPLE INQUIRIES (WALK-IN, EMAIL, PHONE, AND SOCIAL MEDIA)</b>                                                                                                            |                                                       |                  |                 |                                              |
| 1. Contact the Public Information Office via the following channels:<br>1.1 Walk-in<br>1.2 Email<br>1.3 Phone<br>1.4 Social media via Antipolo City Gov't or Jun- Andeng Ynares | 1. Answer the inquiry /attend to the client's inquiry | None             | 1 - 4 minutes   | Action Officer (ACADAO Administrative Staff) |

|                                         |                                                                               |      |           |                                                         |
|-----------------------------------------|-------------------------------------------------------------------------------|------|-----------|---------------------------------------------------------|
|                                         |                                                                               |      |           |                                                         |
| <b>B. COMPLEX INQUIRIES VIA WALK-IN</b> |                                                                               |      |           |                                                         |
| <b>Inform the client to:</b>            | 1.1 Receive letter of request and assess the completeness of the requirements | None | 5 minutes | Action Officer<br>(Office of the City Mayor - Incoming) |

| <b>CLIENT STEPS</b>                                                    | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>   | <b>PERSON RESPONSIBLE</b>                       |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|-------------------------------------------------|
| 1.Submit letter of request to the Office of the City Mayor with the ID | 1.2 Once approved by the Office of the City Mayor, the ACADAO will receive the document and encode it into the database.                                                                                                                                                                                                                                                                                                               | None                   | 5 minutes                | Action Officer<br>(ACADAO Administrative Staff) |
|                                                                        | 1.3 Forward the request to the Administrative Section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                                                                                                                                                                                                         | None                   | 2 minutes                | Action Officer<br>(ACADAO Administrative Staff) |
|                                                                        | 1.4 Once verified and approved*, the Administrative Section provides the client with the necessary information** they have requested.<br><br>1.4.1 Information Not Available at the ACADAO – If the requested information is not available at the ACADAO, the client will be informed accordingly. If the information is available in another office, ACADAO will endorse the client to the appropriate office for further assistance. | None                   | 10 minutes<br>- half-day | Action Officer<br>(ACADAO Administrative Staff) |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                          |                                                 |

|                                                |                                                                                                                                |      |               |                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------|---------------|----------------------------------------------|
| 2. Receive the requested information materials | 2.1. Upon claiming the requested information, the client will be required to sign a receiving copy as proof of acknowledgment. | None | 1 - 3 minutes | Action Officer (ACADAO Administrative Staff) |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------|---------------|----------------------------------------------|

### C. COMPLEX INQUIRIES VIA PHONE

| CLIENT STEPS                      | AGENCY ACTION                                                                                                                                         | FEES TO BE PAID | PROCESSING TIME                                   | PERSON RESPONSIBLE                                |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|---------------------------------------------------|
| 1. Call the ACADAO hotline        | 1.1. Inform the client to submit the required documents for processing and request their email address for correspondence.                            | None            | 1 minute                                          | Action Officer (ACADAO Administrative Staff)      |
|                                   | 1.2. Proceed with Agency Step 1.1 for walk-in clients.                                                                                                | None            | Proceed with Agency Step 1.1 for walk-in clients. | Proceed with Agency Step 1.1 for walk-in clients. |
| 2. Receive the data / information | 2.1. The ACADAO Administrative Section will notify the client that their request has been received and will send the necessary information via email. | None            | 1 - 3 minutes                                     | Action Officer (ACADAO Administrative Staff)      |

### D. COMPLEX INQUIRIES VIA ONLINE - EMAIL

|                                                                                         |                                                                                                                                                                                                                                        |      |           |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 .Submit an email request to antipolocitygov@gmail.com or via acadaoantipolo@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) or the ACADAO - Admin. Section (Email), respectively, will forward the document to the Office of the City Mayor (Incoming) which will give a reference number. | None | 5 minutes | Action Officer (PIO - Administrative Section - Email)<br><br>Action Officer (ACADAO Administrative Section - Email)<br><br>Action Officer (Office of the City Mayor - Incoming) |
|                                                                                         | 1.2. The PIO / ACADAO Admin. Section (Email) will acknowledge the email and send the reference number should the client need to follow-up the status of their request.                                                                 | None | 5 minutes | Action Officer (PIO / ACADAO Administrative Section - Email)                                                                                                                    |



|                                             |                                                                                  |      |                             |                                                              |
|---------------------------------------------|----------------------------------------------------------------------------------|------|-----------------------------|--------------------------------------------------------------|
|                                             | 1.3. Same steps as Walk-in 1.2 onwards.                                          | None | Same as Walk-in 1.2 onwards | Same as Walk-in 1.2 onwards                                  |
| 2 .Receive the requested data / information | 2.1. Email the requested data / information and ask the client to acknowledge it | None | 1 - 3 minutes               | Action Officer (PIO / ACADAO Administrative Section - Email) |

| CLIENT STEPS                                                                                                                                                      | AGENCY ACTION                                                                                                                                                                                         | FEES TO BE PAID | PROCESSING TIME                                                 | PERSON RESPONSIBLE                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                   | in the email as proof of receipt.                                                                                                                                                                     |                 |                                                                 |                                                                                                                      |
| <b>E. COMPLEX INQUIRIES VIA ONLINE - SOCIAL MEDIA</b>                                                                                                             |                                                                                                                                                                                                       |                 |                                                                 |                                                                                                                      |
| 1. Chat the social media pages <ul style="list-style-type: none"> <li>• Antipolo City Gov't</li> <li>• Jun-Andeng Ynares</li> <li>• ACADAC Secretariat</li> </ul> | 1.1. Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                                                                                                  | None            | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                      |
| 2. Receive the data / information                                                                                                                                 | 2.1. The PIO / ACADAO Administrative Section or the PIO Special Concerns and Events will notify the client that their requested data / information will be sent / answered via social media or email. | None            | 1 - 3 minutes                                                   | Action Officer (PIO / ACADAO - Administrative Section - Email or the PIO Special Concerns and Events - social media) |
| <b>TOTAL</b>                                                                                                                                                      |                                                                                                                                                                                                       | <b>None</b>     | <b>Half-day and 15 minutes***</b>                               |                                                                                                                      |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO / ACADAO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for responding to the clients varies based on the type / mode of inquiry as well as the complexity of the requested data / information.

### 3. ASSESSMENT AND ENDORSEMENT TO COMMUNITY-BASED REHABILITATION PROGRAM

The Antipolo City Anti-Drug Abuse Office (ACADAO) facilitates the assessment and endorsement of Persons Who Use Drugs (PWUDs) to the Community-Based Rehabilitation Program (CBRP) as part of the city's drug rehabilitation and reintegration efforts.

PWUDs undergo an initial assessment conducted by ACADAO to determine the appropriate intervention and rehabilitation approach. Based on the evaluation, eligible individuals are endorsed to the Barangay CBRP, which provides structured counseling, therapy, and skills development programs to aid in their recovery and reintegration into society.

ACADAO works closely with local government units, barangays, health professionals, and partner organizations to ensure that PWUDs receive the necessary support throughout the rehabilitation process.

|                              |                                      |
|------------------------------|--------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office |
| <b>CLASSIFICATION:</b>       | Simple                               |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen          |
| <b>WHO MAY AVAIL:</b>        | Citizens of Antipolo                 |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---------------------------|-----------------|
| None                      | N/A             |

| CLIENT STEPS                               | AGENCY ACTION                                                                                                                                                                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------|
| 1. Proceed to the ACADAO                   | 1.1 The ACADAO will conduct an intake interview and assessment of the client/patient to determine their needs and appropriate intervention.<br><br>1.1.1 Psychiatric Nurse for consultations and assessments. | None            | 30 minutes      | Action Officer (ACADAO Administrative Staff) |
| 2. Understand the assessment and cooperate | 2.1. The ACADAO psychiatric nurse will assess the client/patient to determine their level of risk and mental health status to                                                                                 | None            |                 | Action Officer (ACADAO Administrative Staff) |

| CLIENT STEPS                                                          | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------|
|                                                                       | <p>recommend the appropriate intervention.</p> <p>2.1.1 Mild - Clients diagnosed with mild conditions will undergo a 6-week* module on a weekly basis to support their mental well-being.</p> <p>2.1.2 Moderate - Clients diagnosed with moderate conditions will undergo a 14-week module on a weekly basis for structured intervention and support.</p> <p>2.1.3 Severe - Clients diagnosed with severe conditions will be referred to Addiction Doctor for Further Assessment.</p> <p>2.1.4 with Comorbidity Psychiatric - will be referred to any Government Psychiatric Facility.</p> |                 |                 |                                              |
| 3. Undergo Community - Based Rehabilitation Treatment Program (CBDRP) | 3.1. The ACADAO will refer (via referral letter / endorsement) the client to the barangay where he/she resides to undergo CBDRP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | None            | 5 minutes       | Action Officer (ACADAO Administrative Staff) |

| CLIENT STEPS                               | AGENCY ACTION                                                                                                   | FEE TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE                           |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------|-------------------|----------------------------------------------|
| 4. Receive the Certification of Completion | 4.1. Upon completing the program, the client / patient will receive a Certificate of Completion from the ACADAO | None           | 5 minutes         | Action Officer (ACADAO Administrative Staff) |
| <b>TOTAL</b>                               |                                                                                                                 | <b>None</b>    | <b>40 minutes</b> |                                              |

\*The total duration of the weekly module depends on the client's diagnosis. This can be done at the ACADAO or through the Barangay's CDBRP.

#### 4. NEEDS ASSESSMENT AND REFERRAL

The Antipolo City Anti-Drug Abuse Office (ACADAO) conducts a comprehensive needs assessment to determine the appropriate interventions and support services for clients, such as Persons Who Use Drugs (PWUDs). This assessment evaluates various aspects of an individual's condition, including physical, psychological, economic, legal, and social needs.

Based on the findings, the ACADAO facilitates referrals to the appropriate agencies to ensure holistic support. Clients with medical concerns are referred to the City Health Office (CHO) for evaluation and treatment, while those requiring mental health services are endorsed to the National Center for Mental Health (NCMH) or Any Government Psychiatric Facility with approval from the City Health Officer. For individuals facing financial challenges, referrals are made to the Public Employment Service Office (PESO) to explore job opportunities and livelihood assistance. Legal concerns are addressed through coordination with the Public Attorney's Office (PAO), while social welfare support is provided through the Department of Social Welfare and Development (DSWD) and the City Social Welfare and Development Office (CSWD).

Through these coordinated efforts, ACADAO ensures that clients receive the necessary assistance for their rehabilitation, recovery, and reintegration into society.

|                              |                                      |
|------------------------------|--------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office |
| <b>CLASSIFICATION:</b>       | Simple                               |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen          |
| <b>WHO MAY AVAIL:</b>        | Citizens of Antipolo                 |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---------------------------|-----------------|
| None                      | N/A             |

| CLIENT STEPS             | AGENCY ACTION                                                                                                                                                                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------|
| 1. Proceed to the ACADAO | <p>1.1 The ACADAO will conduct an intake interview and assessment of the client/patient to determine their needs and appropriate intervention.</p> <p>1.1.1 Psychiatric Nurse for consultations and assessments.</p> | None            | 30 minutes      | Action Officer (ACADAO Administrative Staff) |

| CLIENT STEPS                               | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------|
| 2. Understand the assessment and cooperate | <p>2. The ACADAO psychiatric nurse will assess the client / patient to determine their mental health status and/or needs and recommend the appropriate assistance:</p> <p>2.1.1. Physical Services - City Health Office</p> <p>2.1.2 Psychological Services - National Center for Mental Health or Any Government Psychiatric Facility</p> <p>2.1.3 Economic Services - Public Employment Service Office</p> <p>2.1.4 Legal Services - Public Attorney's Office</p> <p>2.1.5 Social Services - City Social Welfare and Development Office, Department of Social Welfare and Development</p> | None            | 45 minutes      | Action Officer (ACADAO Administrative Staff) |
| 3. Received referral letter / assistance   | <p>3.1. Once the appropriate assistance for the client/patient has been determined, ACADAO will refer the client to the relevant office for further support.</p> <p>3.1.1. A referral letter will be prepared and</p>                                                                                                                                                                                                                                                                                                                                                                       | None            | 5 minutes       | Action Officer (ACADAO Administrative Staff) |

| CLIENT STEPS                                                          | AGENCY ACTION                                                                                                                                                                                                                                                                             | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE                           |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----------------------------------------------|
|                                                                       | forwarded to the concerned office for review and signature by the department/office head. After approval, the signed referral letter will be provided to the client for further processing of their request.                                                                              |                 |                   |                                              |
| 4. Proceed to the concerned office based on the referral / assessment | 4.1. Once the referral letter has been issued, the client will be guided to the concerned office where they will receive the necessary assistance. The designated personnel will facilitate and coordinate to ensure that the client receives the appropriate support in a timely manner. | None            | 5 - 10 minutes    | Action Officer (ACADAO Administrative Staff) |
| <b>TOTAL</b>                                                          |                                                                                                                                                                                                                                                                                           | <b>None</b>     | <b>40 minutes</b> |                                              |

## 5. ANTI-DRUG ABUSE LECTURES AND SEMINARS (WALK-IN AND ONLINE)

The Antipolo City Anti-Drug Abuse Office (ACADAO) conducts anti-drug abuse lectures and seminars as part of its preventive education efforts to raise awareness about the dangers of drug use and promote a drug-free community. These sessions are designed for various sectors, including schools, local communities (sitios), and specialized groups. The Special Drug Education Center (SDEC) team leads the lectures and seminars which are composed of the ACADAO, City Health Office (CHO), and the City Social Welfare and Development Office (CSWDO).

Through these educational programs, participants gain insights into the harmful effects of drug abuse, legal consequences under Republic Act 9165 (The Comprehensive Dangerous Drugs Act of 2002), and strategies for prevention and intervention. ACADAO, together with partner offices, ensures that these lectures and seminars are accessible and tailored to address the specific needs of each audience, empowering individuals with the knowledge and resources to resist drug use and contribute to a safer, healthier community.

|                              |                                      |
|------------------------------|--------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office |
| <b>CLASSIFICATION:</b>       | Simple                               |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen          |
| <b>WHO MAY AVAIL:</b>        | Citizens of Antipolo                 |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                             | WHERE TO SECURE                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>1. Letter of Intent addressed to the City Mayor, through the ACADAO</b><br>1.1 The letter should contain the following details:<br>1.1.1. Full name of requestee<br>1.1.2. Contact details:<br>1.1.2.1. Mobile / phone number<br>1.1.2.2. Email address<br>1.1.3. Proposed schedule of the activity<br>1.1.4. Venue<br>1.1.5. Time | Client                                                                                            |
| <b>2. Document/s establishing identification such as <b>printed or photocopied copy of at least one (1) ID card</b> of the requesting individual, party, or representative, as follows:</b>                                                                                                                                           | Client                                                                                            |
| <ul style="list-style-type: none"> <li>Philippine Identification (PhilID) or National ID</li> </ul>                                                                                                                                                                                                                                   | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"> <li>PWD ID</li> </ul>                                                                                                                                                                                                                                                                              | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"> <li>Solo Parent ID</li> </ul>                                                                                                                                                                                                                                                                      | CSWDO                                                                                             |
| <ul style="list-style-type: none"> <li>Senior Citizen's ID</li> </ul>                                                                                                                                                                                                                                                                 | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |



|                                                                       |                                     |
|-----------------------------------------------------------------------|-------------------------------------|
| <ul style="list-style-type: none"> <li>Company / Office ID</li> </ul> | Requesting party's company / office |
|-----------------------------------------------------------------------|-------------------------------------|

| CHECKLIST OF REQUIREMENTS                                                                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>School ID</li> </ul>                                                               | Requesting party's school                                    |
| <ul style="list-style-type: none"> <li>Postal ID</li> </ul>                                                               | PhilPost                                                     |
| <ul style="list-style-type: none"> <li>Barangay ID</li> </ul>                                                             | Barangay where the requesting party resides                  |
| <ul style="list-style-type: none"> <li>Police Clearance / Police Clearance Certificate</li> </ul>                         | Philippine National Police                                   |
| <ul style="list-style-type: none"> <li>NBI Clearance</li> </ul>                                                           | National Bureau of Investigation                             |
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                    | AGENCY ACTION                                                                                                             | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE                                   |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|------------------------------------------------------|
| <b>FOR WALK-IN</b>                                              |                                                                                                                           |                 |                  |                                                      |
| 1. Submit the letter of request to the Office of the City Mayor | 1.1. The letter will be received, and a reference number will be provided for tracking and follow-up.                     | None            | 2 - 5 minutes    | Action Officer (Office of the City Mayor - Incoming) |
|                                                                 | 1.2. Upon approval of the Office of the City Mayor, the ACADAO will receive the document and record it into the database. | None            | Half-day - 1 day | Action Officer (ACADAO Administrative Section)       |

|  |                                                            |      |          |                                                |
|--|------------------------------------------------------------|------|----------|------------------------------------------------|
|  | 1.3 Review and check the completeness of the requirements. | None | Half-day | Action Officer (ACADAO Administrative Section) |
|--|------------------------------------------------------------|------|----------|------------------------------------------------|

| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                                                                                                                                  | FEES TO BE PAID | PROCESSING TIME                         | PERSON RESPONSIBLE                             |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|------------------------------------------------|
| <b>FOR WALK-IN</b>                                                                                         |                                                                                                                                                                                                |                 |                                         |                                                |
|                                                                                                            | <p>1.3.1 Incomplete - Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.</p> <p>1.3.2. Complete - Proceed with the process (1.4.)</p> |                 |                                         |                                                |
|                                                                                                            | 1.4. The ACADAO will coordinate with the requesting party to confirm details and schedule the lecture or seminar.                                                                              | None            | 5 minutes                               | Action Officer (ACADAO Administrative Section) |
| 2. Coordinate with the ACADAO for effective implementation                                                 | 2.1. Proper coordination with ACADAO will be ensured before, during, and after the lecture/seminar for smooth and effective implementation.                                                    | None            | 2- 3 hours                              | Action Officer (ACADAO Administrative Section) |
| <b>OPTIONAL ONLY</b><br><br>3. If applicable, provide Certificate of Appreciation to the resource speakers | 3.1. If the requesting institution provides certificates, ACADAO will receive and acknowledge them as proof of participation.                                                                  | None            | 2 - 5 minutes                           | Institution                                    |
| <b>TOTAL</b>                                                                                               |                                                                                                                                                                                                | <b>None</b>     | <b>1.5 day, 3 hours, and 15 minutes</b> |                                                |

## 6. COUNSELING SERVICES

The Antipolo City Anti-Drug Abuse Office (ACADAO) provides counseling services to individuals as part of the city's drug rehabilitation and intervention as well as promotion of mental health efforts. These services aim to support clients in overcoming substance dependency, addressing personal challenges, and fostering long-term recovery.

Counseling sessions are conducted by trained professionals and may include individual counseling, group therapy, and family support sessions. Clients are assessed based on their specific needs, and appropriate intervention strategies are applied. ACADAO also collaborates with partner agencies, including the City Health Office (CHO) and the City Social Welfare and Development Office (CSWDO), to ensure holistic support for clients.

These services are available to individuals seeking voluntary rehabilitation, those referred through community-based programs, and individuals undergoing reintegration into society. Through counseling, ACADAO helps clients develop coping mechanisms, strengthen their mental and emotional well-being, and reduce the risk of relapse, ultimately promoting a drug-free and healthier community.

|                              |                                      |
|------------------------------|--------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office |
| <b>CLASSIFICATION:</b>       | Simple                               |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen          |
| <b>WHO MAY AVAIL:</b>        | Citizens of Antipolo                 |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---------------------------|-----------------|
| None                      | N/A             |

| CLIENT STEPS                             | AGENCY ACTION                                                                                                                                                                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                          |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------------------------------|
| 1. Proceed to the ACADAO                 | 1.1 The ACADAO will conduct an intake interview and assessment of the client / patient to determine their mental health status and appropriate intervention.<br><br>1.1.1 Psychiatric Nurse for consultations and assessments. | None            | 30 minutes      | Action Officer (ACADAO - Psychiatric Nurse) |
| 2. Understand the assessment, cooperate. | 2.1. The ACADAO psychiatric nurse will assess the client / patient's result and                                                                                                                                                | None            | 30 minutes      | Action Officer (ACADAO - Psychiatric Nurse) |

| CLIENT STEPS                                                          | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------|
| 2.1 If the client can be accommodated, receive counselling services   | <p>provide appropriate assistance:</p> <p>2.1.1 If the client / patient can be accommodated, they will receive counseling services through the Out-Patient Department (OPD).</p> <p>2.1.2. If the case cannot be handled by ACADAO, the client will be referred to an appropriate agency for specialized care.</p>                                                   |                 |                 |                                              |
| 3. Receive referral letter                                            | <p>3.1 Once the appropriate assistance has been determined, ACADAO will prepare a referral letter to the relevant office or agency.</p> <p>3.1.1 The referral letter will be forwarded to the concerned office for review and approval by the department head. After approval, the signed referral letter will be provided to the client for further processing.</p> | None            | 5 minutes       | Action Officer (ACADAO Administrative Staff) |
| 4. Proceed to the concerned office based on the referral / assessment | 4.1. Once the referral letter has been issued, the client will be guided to the concerned office where they will receive the necessary assistance. The designated personnel                                                                                                                                                                                          | None            | 5 - 10 minutes  | Action Officer (ACADAO Administrative Staff) |

| CLIENT STEPS | AGENCY ACTION                                                                                                 | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE |
|--------------|---------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|--------------------|
|              | will facilitate and coordinate to ensure that the client receives the appropriate support in a timely manner. |                 |                              |                    |
| <b>TOTAL</b> |                                                                                                               | <b>None</b>     | <b>1 hour and 15 minutes</b> |                    |

## 7. PROVISION OF ASSISTANCE TO PLEA BARGAIN AGREEMENT (PBA) GRANTEES

The Antipolo City Anti-Drug Abuse Office (ACADAO) provides assistance to individuals granted a Plea Bargain Agreement as part of their rehabilitation and reintegration process. This initiative aligns with the government's efforts to offer qualified drug offenders an opportunity for reformation through community-based rehabilitation programs instead of incarceration.

ACADAO facilitates the proper documentation, monitoring, and referral of plea bargain grantees to appropriate rehabilitation and intervention services. This includes coordination with the courts, barangays, the City Health Office (CHO), the City Social Welfare and Development Office (CSWDO), and other relevant agencies to ensure compliance with the program's requirements. Grantees may also receive counseling, skills training, and other forms of support to aid in their recovery and reintegration into society.

Through this program, ACADAO aims to provide a structured and supportive pathway for plea bargain grantees to successfully complete their rehabilitation, reduce recidivism, and promote a drug-free community.

|                              |                                                        |
|------------------------------|--------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office                   |
| <b>CLASSIFICATION:</b>       | Complex                                                |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen                            |
| <b>WHO MAY AVAIL:</b>        | Citizens of Antipolo (Plea Bargain Agreement Grantees) |

| CHECKLIST OF REQUIREMENTS                          | WHERE TO SECURE                                                                                                               |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>Court Order</b>                              | Regional Trial Court (RTC) through the Dangerous Drug Board (DDB)                                                             |
| 2. <b>Drug Dependency Examination (DDE) Result</b> | 2.1 Client - If the client / patient already has one<br><br>2.2 City Health Office - If the client / patient doesn't have one |

| CLIENT STEPS             | AGENCY ACTION                                                                                                                            | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Proceed to the ACADAO | 1.1 Review and check the completeness of the requirements.<br><br>1.1.1 Incomplete - Inform the requesting party, through call or email, | None            | 30 minutes      |                    |

|  |                                        |  |  |  |
|--|----------------------------------------|--|--|--|
|  | of any deficiency<br>and enumerate the |  |  |  |
|--|----------------------------------------|--|--|--|

| CLIENT STEPS                                                                  | AGENCY ACTION                                                                                                                                                                             | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|----------------------|
|                                                                               | <p>missing requirements.</p> <p>1.1.1.1. Without DDE - Schedule a DDE at the CHO. Once completed, proceed to Agency Step 1.2</p> <p>1.1.2. Complete - Proceed with the process.</p>       |                 |                              |                      |
|                                                                               | 1.2. Determine the appropriate intervention based on the client's needs.                                                                                                                  | None            |                              |                      |
| 2. Receive guidance and endorsement / referral to the barangay                | 2.1. The ACADAO will endorse the client to the barangay where they reside for further intervention.                                                                                       | None            |                              |                      |
| 3. Enroll in the Community - Based Rehabilitation and Treatment Program       | 3.1. Assist the Client in Enrolling in the CBDRP                                                                                                                                          | None            |                              |                      |
| 4. Submit Certificate of Completion (CBDRP) to the ACADAO                     | 4.1. Once the client successfully completes the program, they must submit their Certificate of Completion (CBDRP) to ACADAO.                                                              | None            |                              |                      |
| 5. Submit the 2 Certificate of Completion to the Court                        | 5.1. Receive the documents.                                                                                                                                                               | None            | 30 minutes                   | Regional Trial Court |
| 6. Return to the ACADAO and show the receiving document to the court as proof | 6.1. The client must present the receiving document from the court as proof of submission. Once verified, ACADAO will update the database, marking the client as completed in the system. | None            | 30 minutes                   |                      |
| <b>TOTAL</b>                                                                  |                                                                                                                                                                                           | <b>None</b>     | <b>1 hour and 15 minutes</b> |                      |



# **Antipolo City Anti-Drug Abuse Office Internal Services**





## 1. HANDLING OF INQUIRIES (WALK-IN, ONLINE, AND PHONE)

The Antipolo City Anti-Drug Abuse Office (ACADAO) accommodates inquiries from individuals, families, and organizations regarding its anti-drug programs, services, and initiatives. Clients may reach out through walk-in visits, online platforms, or phone calls for assistance.

For walk-in inquiries, clients may visit the ACADAO office during operating hours, where staff will provide immediate guidance and support. Online inquiries can be sent via the office's official Facebook page or email, while phone inquiries can be made through (02) 8689-4588.

ACADAO ensures that all inquiries are handled promptly and accurately. Response times may vary depending on the nature of the request and the volume of inquiries received.

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office                                                            |
| <b>CLASSIFICATION:</b>       | Simple - Complex                                                                                |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Businesses<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | Citizens of Antipolo, Government Agencies                                                       |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                   | WHERE TO SECURE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>FOR SIMPLE INQUIRIES</b>                                                                                                                                                                                                                                                                                                 |                 |
| None                                                                                                                                                                                                                                                                                                                        | n/a             |
| <b>FOR COMPLEX INQUIRIES</b>                                                                                                                                                                                                                                                                                                |                 |
| <b>1. Letter of Request addressed to the City Mayor</b><br><b>1.1 The letter should contain the following details:</b> <ul style="list-style-type: none"> <li>1.1.1. Full name of requestee</li> <li>1.1.1.1. Contact details</li> <li>1.1.1.2 Telephone or mobile number; and/or</li> <li>1.1.1.3 Email address</li> </ul> | Client          |

| CLIENT STEPS                                                                        | AGENCY ACTION                                          | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                           |
|-------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|-----------------|----------------------------------------------|
| <b>A. SIMPLE INQUIRIES (WALK-IN, EMAIL, PHONE, AND SOCIAL MEDIA)</b>                |                                                        |                 |                 |                                              |
| 1. Contact the Public Information Office via the following channels:<br>1.1 Walk-in | 1. Answer the inquiry / attend to the client's inquiry | None            | 1 - 4 minutes   | Action Officer (ACADAO Administrative Staff) |

| CLIENT STEPS                                                                                                | AGENCY ACTION                                                                                                            | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                   |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------------------------------------------|
| 1.2 Email<br>1.3 Phone<br>1.4 Social media via Antipolo City Gov't or Jun-Andeng Ynares                     |                                                                                                                          |                 |                 |                                                      |
| <b>B. COMPLEX INQUIRIES VIA WALK-IN</b>                                                                     |                                                                                                                          |                 |                 |                                                      |
| <b>Inform the client to:</b><br><br>2. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                            | None            | 5 minutes       | Action Officer (Office of the City Mayor - Incoming) |
|                                                                                                             | 1.2 Once approved by the Office of the City Mayor, the ACADAO will receive the document and encode it into the database. | None            | 5 minutes       | Action Officer (ACADAO Administrative Staff)         |
|                                                                                                             | 1.3 Forward the request to the Administrative Section for verification of the requirements and details                   | None            | 2 minutes       | Action Officer (ACADAO Administrative Staff)         |
|                                                                                                             | 1.3.1 Incomplete - Inform the requesting party of any deficiency                                                         |                 |                 |                                                      |

|  |                                                                                                                                                                                                                                                                                                                                 |      |                       |                                              |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|----------------------------------------------|
|  | <p>1.4 Once verified and approved*, the Administrative Section provides the client with the necessary information** they have requested.</p> <p>1.4.1 Information Not Available at the ACADAO – If the requested information is not available at the ACADAO, the client will be informed accordingly. If the information is</p> | None | 10 minutes - half-day | Action Officer (ACADAO Administrative Staff) |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|----------------------------------------------|

| CLIENT STEPS                                   | AGENCY ACTION                                                                                                                  | FEES TO BE PAID | PROCESSING TIME                                   | PERSON RESPONSIBLE                                |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|---------------------------------------------------|
|                                                | available in another office, ACADAO will endorse the client to the appropriate office for further assistance.                  |                 |                                                   |                                                   |
| 2. Receive the requested information materials | 2.1. Upon claiming the requested information, the client will be required to sign a receiving copy as proof of acknowledgment. | None            | 1 - 3 minutes                                     | Action Officer (ACADAO Administrative Staff)      |
| <b>C. COMPLEX INQUIRIES VIA PHONE</b>          |                                                                                                                                |                 |                                                   |                                                   |
| 1. Call the ACADAO hotline                     | 1.1. Inform the client to submit the required documents for processing and request their email address for correspondence.     | None            | 1 minute                                          | Action Officer (ACADAO Administrative Staff)      |
|                                                | 1.2. Proceed with Agency Step 1.1 for walk-in clients.                                                                         | None            | Proceed with Agency Step 1.1 for walk-in clients. | Proceed with Agency Step 1.1 for walk-in clients. |

|                                                                                                                                         |                                                                                                                                                                                                                                        |      |               |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Receive the data / information                                                                                                       | 2.1. The ACADAO Administrative Section will notify the client that their request has been received and will send the necessary information via email.                                                                                  | None | 1 - 3 minutes | Action Officer (ACADAO Administrative Staff)                                                                                                                                    |
| <b>D. COMPLEX INQUIRIES VIA ONLINE - EMAIL</b>                                                                                          |                                                                                                                                                                                                                                        |      |               |                                                                                                                                                                                 |
| 1 . Submit an email request to <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a> or via acadaoantipolo@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) or the ACADAO - Admin. Section (Email), respectively, will forward the document to the Office of the City Mayor (Incoming) which will give a reference number. | None | 5 minutes     | Action Officer (PIO - Administrative Section - Email)<br><br>Action Officer (ACADAO Administrative Section - Email)<br><br>Action Officer (Office of the City Mayor - Incoming) |

| CLIENT STEPS                                          | AGENCY ACTION                                                                                                                                                          | FEES TO BE PAID | PROCESSING TIME             | PERSON RESPONSIBLE                                           |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|--------------------------------------------------------------|
|                                                       | 1.2. The PIO / ACADAO Admin. Section (Email) will acknowledge the email and send the reference number should the client need to follow-up the status of their request. | None            | 5 minutes                   | Action Officer (PIO / ACADAO Administrative Section - Email) |
|                                                       | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                | None            | Same as Walk-in 1.2 onwards | Same as Walk-in 1.2 onwards                                  |
| 2. Receive the requested data / information           | 2.1. Email the requested data / information and ask the client to acknowledge it in the email as proof of receipt.                                                     | None            | 1 - 3 minutes               | Action Officer (PIO / ACADAO Administrative Section - Email) |
| <b>E. COMPLEX INQUIRIES VIA ONLINE - SOCIAL MEDIA</b> |                                                                                                                                                                        |                 |                             |                                                              |

|                                                                                                                                                                   |                                                                                                                                                                                                       |             |                                                                 |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1. Chat the social media Pages <ul style="list-style-type: none"> <li>• Antipolo City Gov't</li> <li>• Jun-Andeng</li> <li>• Ynares ACADAC Secretariat</li> </ul> | 1.1. Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                                                                                                  | None        | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                      |
| 2. Receive the data / information                                                                                                                                 | 2.1. The PIO / ACADAO Administrative Section or the PIO Special Concerns and Events will notify the client that their requested data / information will be sent / answered via social media or email. | None        | 1 - 3 minutes                                                   | Action Officer (PIO / ACADAO - Administrative Section - Email or the PIO Special Concerns and Events - Social Media) |
| <b>TOTAL</b>                                                                                                                                                      |                                                                                                                                                                                                       | <b>None</b> | <b>Half-day and 15 minutes***</b>                               |                                                                                                                      |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO / ACADAO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for responding to the clients varies based on the type / mode of inquiry as well as the complexity of the requested data / information.

## 2. REQUEST FOR TECHNICAL ASSISTANCE

The Antipolo City Anti-Drug Abuse Office (ACADAO) provides technical assistance to local government units (LGUs) in the implementation of anti-drug abuse programs and initiatives. This service aims to strengthen community-based rehabilitation efforts, enhance drug prevention campaigns, and ensure the effective enforcement of drug-related policies.

Technical assistance may include guidance on the formulation of anti-drug abuse programs, capacity-building activities for stakeholders, training on drug prevention strategies, and support in the establishment of community-based rehabilitation programs. ACADAO works closely with relevant agencies to provide expert advice and resources.

By offering technical assistance, ACADAO ensures that local initiatives are aligned with national policies and best practices in drug prevention, rehabilitation, and reintegration.

|                              |                                                                                                                                                              |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | Antipolo City Anti-Drug Abuse Office                                                                                                                         |
| <b>CLASSIFICATION:</b>       | Simple                                                                                                                                                       |
| <b>TYPES OF TRANSACTION:</b> | G2G - Government to Government                                                                                                                               |
| <b>WHO MAY AVAIL:</b>        | <ul style="list-style-type: none"> <li>• Barangays</li> <li>• Department / Offices of the City Government</li> <li>• Other Local Government Units</li> </ul> |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                            | WHERE TO SECURE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>1. Letter of Request addressed to the City Mayor</b><br><b>1.1 The letter should contain the following details:</b> <ul style="list-style-type: none"> <li>1.1.1 Full name of requestee</li> <li>1.1.2. Contact details <ul style="list-style-type: none"> <li>1.1.2.1. Telephone or mobile number; and/or</li> <li>1.1.2.2. Email address</li> </ul> </li> </ul> | Client          |

| CLIENT STEPS                                                                                                    | AGENCY ACTION                                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                   |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|-----------------|------------------------------------------------------|
| <b>WALK-IN</b>                                                                                                  |                                                                               |                 |                 |                                                      |
| 1. Submit a letter of request to the Office of the City Mayor along with the other required documents attached. | 1.1 Receive letter of request and assess the completeness of the requirements | None            | 5 minutes       | Action Officer (Office of the City Mayor - Incoming) |

|  |                                                                                                                                            |      |           |                                              |
|--|--------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------------------------------------------|
|  | 1.2 Once approved by the Office of the City Mayor, the ACADAO will receive the document and encode / write it into the database / logbook. | None | 5 minutes | Action Officer (ACADAO Administrative Staff) |
|--|--------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------------------------------------------|

| CLIENT STEPS                                                                                                                                                                         | AGENCY ACTION                                                                                                                                                                                                                                       | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                      | 1.3 Review and check the completeness of the requirements<br><br>1.3.1. Incomplete - Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.<br><br>1.3.2. Complete - Proceed with the process. | None            | 30 minutes       | Action Officer (ACADAO Administrative Staff)                                                                             |
|                                                                                                                                                                                      | 1.4. The ACADAO will coordinate with the requesting office regarding the details of their request for technical assistance. Any necessary arrangements will be made to ensure smooth facilitation of the requested support.                         | None            | Half-day - 1 day | Action Officer (ACADAO Administrative Staff)                                                                             |
|                                                                                                                                                                                      | <b>ONLINE (EMAIL)</b>                                                                                                                                                                                                                               |                 |                  |                                                                                                                          |
| 1. Submit an email request to <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a> or via <a href="mailto:acadaoantipolo@gmail.com">acadaoantipolo@gmail.com</a> | 1.1. Upon receiving the email, the PIO / ACADAO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number                                                           | None            | 5 minutes        | Action Officer (PIO / ACADAO Administrative Section - Email)<br><br>Action Officer (Office of the City Mayor - Incoming) |

|  |                                                                                                                                                                        |      |           |                                                              |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|--------------------------------------------------------------|
|  | 1.2. The PIO / ACADAO Admin. Section (Email) will acknowledge the email and send the reference number should the client wants to follow-up the status of their request | None | 5 minutes | Action Officer (PIO / ACADAO Administrative Section - Email) |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|--------------------------------------------------------------|

| CLIENT STEPS | AGENCY ACTION                             | FEES TO BE PAID | PROCESSING TIME                | PERSON RESPONSIBLE            |
|--------------|-------------------------------------------|-----------------|--------------------------------|-------------------------------|
|              | 1.3. Same steps for Walk-in 1.2. onwards. | None            | Same for Walk-in 1.2. onwards  | Same for Walk-in 1.2. onwards |
| <b>TOTAL</b> |                                           | <b>None</b>     | <b>1 day and 40 minutes **</b> |                               |

\*The total approval time depends on the availability of the LCE, as well as the time the document was forwarded to and received by the ACADAO and the Office of the City Mayor.

\*\*The total processing time for both the walk-in and online are the same.







# **Antipolo City Culture, Arts and Tourism Promotions Office External Services**



## 1. ANNUAL REGISTRATION OF TOURISM ENTERPRISES

City Ordinance No. 2018-879 otherwise known as the “2019 Antipolo City Revenue Code,” as amended, provides for the annual registration of all tourism oriented and related establishments within the City of Antipolo. A registration fee shall be imposed on all tourism oriented and related establishments, whether operating as principal branch, or extension office, and without prejudice to the collection of taxes, fees and surcharges imposed under existing laws, ordinances, regulations and other local issuances.

All Primary Tourism Enterprises (PTEs) are required to apply for accreditation at the Department of Tourism as specified in RA 9593 also known as the Tourism Act of 2009.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                | ANTIPOLO CITY CULTURE, ARTS AND TOURISM PROMOTIONS OFFICE                                                                                     |                                                                                                                                                                                                                                                       |                 |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Simple                                                                                                                                        |                                                                                                                                                                                                                                                       |                 |                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                | G2B – Government to Business;<br>G2G – Government to Government                                                                               |                                                                                                                                                                                                                                                       |                 |                                 |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Owners of tourism oriented and related establishments, whether operating as principal branch, or extension office within the City of Antipolo |                                                                                                                                                                                                                                                       |                 |                                 |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               | WHERE TO SECURE                                                                                                                                                                                                                                       |                 |                                 |
| 1. Notarized Unified Application Form (for Business Permit) – Original copy<br>2. Notarized Affidavit of Undertaking (for new applicant), if applicable – Original copy<br>3. Acknowledgment of documentary requirements submitted to the Department of Tourism (DOT) online portal – 1 photocopy<br>4. Any government-issued ID card of the owner and his/her representative, if applicable – 1 photocopy<br>5. Authorization letter of the representative – Original copy |                                                                                                                                               | - Business Permits & Licensing Office either online or onsite<br><br>- Notary Public<br><br>-DOT Accreditation Portal using the applicant's account<br><br>- BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO or Barangay<br><br>- Business owner |                 |                                 |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AGENCY ACTION                                                                                                                                 | FEES TO BE PAID                                                                                                                                                                                                                                       | PROCESSING TIME | PERSON RESPONSIBLE              |
| 1. Submit the complete requirements to AnCCATPO.                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. Receive the requirements and check the same as to validity and applicability.                                                              | None                                                                                                                                                                                                                                                  | 5 minutes       | Receiving Clerk / Tourism Staff |
| 1.1 Provide required information.                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.1 Assess if the applicant needs PTE Clearance.                                                                                              | None                                                                                                                                                                                                                                                  | 2 minutes       | Tourism Staff                   |
| 1.2 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.2 Prepare PTE Clearance in 2 copies for                                                                                                     | None                                                                                                                                                                                                                                                  |                 | Tourism Staff/<br>AnCCATPO Head |

|                                                                                                            |                                                                                                            |                                             |                   |                                   |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|-----------------------------------|
| 1.3 None                                                                                                   | signature of the Head of AnCCATPO.<br><br>1.3 Prepare Order of Payment and attach to PTE (client's copy) . | Refer to Schedule of Fees below             | 3 minutes         | Tourism Staff                     |
| 2. Receive the Order of Payment and the PTE Clearance (office copy), if any and release the PTE Clearance. | 2. Issue the Order of Payment attached to the PTE Clearance                                                | None                                        | 2 minutes         | Releasing Clerk/<br>Tourism Staff |
|                                                                                                            | <b>TOTAL:</b>                                                                                              | <b>Refer to the Schedule of Fees below.</b> | <b>17 minutes</b> |                                   |

### SCHEDULE OF TOURISM FEES

| RESORTS                           |              | HOTELS       |               |
|-----------------------------------|--------------|--------------|---------------|
| Star-Rating                       | Tourism Fee  | Star-Rating  | Tourism Fee   |
| 5 Star                            | PHP 6,000.00 | 5 Star       | PHP 15,000.00 |
| 4 Star                            | PHP 5,000.00 | 4 Star       | PHP 12,000.00 |
| 3 Star                            | PHP 4,000.00 | 3 Star       | PHP 9,000.00  |
| 2 Star                            | PHP 3,000.00 | 2 Star       | PHP 6,000.00  |
| 1 Star                            | PHP 2,000.00 | 1 Star       | PHP 4,000.00  |
| Other Resort                      | PHP 1,000.00 | Other Hotel  | PHP 3,000.00  |
| OTHERS                            |              | Tourism Fee  |               |
| Other Primary Tourism Enterprises |              | PHP 1,000.00 |               |
| Secondary Tourism Enterprises     |              | PHP 500.00   |               |

## 2. PROVISION OF IEC MATERIALS TO RESEARCHERS

Students and researchers may request for information, education and communication (IEC) materials from the Antipolo City Culture, Arts and Tourism Promotions Office (AnCCATPO) on the history, tourist destinations, tourist statistics, culture and traditions, significant events and other tourism related data of the City of Antipolo.

|                                                                                                                                                                    |                                                                                                                             |                                                                                                                                                  |                        |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                       | ANTIPOLO CITY CULTURE, ARTS AND TOURISM PROMOTIONS OFFICE                                                                   |                                                                                                                                                  |                        |                                |
| <b>CLASSIFICATION:</b>                                                                                                                                             | Simple                                                                                                                      |                                                                                                                                                  |                        |                                |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                       | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                             |                                                                                                                                                  |                        |                                |
| <b>WHO MAY AVAIL:</b>                                                                                                                                              | All                                                                                                                         |                                                                                                                                                  |                        |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                   |                                                                                                                             | <b>WHERE TO SECURE</b>                                                                                                                           |                        |                                |
| 1. Letter of Request with attached Data Tracking Form (DTF)<br>2. Any government-issued ID card – 1 photocopy<br><br>3. Valid student ID card, in case of students |                                                                                                                             | - Client / Office of the City Mayor<br><br>- BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO or Barangay<br><br>- School presently attended |                        |                                |
| <b>CLIENT STEPS</b>                                                                                                                                                | <b>AGENCY ACTION</b>                                                                                                        | <b>FEES TO BE PAID</b>                                                                                                                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>      |
| 1. Submit the complete requirements to AnCCATPO.                                                                                                                   | 1. Receive the requirements and forward to the head of office for instruction.                                              | None                                                                                                                                             | 5 minutes              | Receiving clerk / Tourism Head |
| Or send / e-mail the request to <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a> indicating the requester's contact number/s.              | The request will be forwarded to the Office of the City Mayor.                                                              | None                                                                                                                                             |                        | Tourism Staff                  |
|                                                                                                                                                                    | Agency will wait for the forwarded request with DTF                                                                         | None                                                                                                                                             |                        |                                |
| 1.1 None                                                                                                                                                           | 1.1 Provide instruction to staff.                                                                                           | None                                                                                                                                             |                        | AnCCATPO Head                  |
| 2. Receive IEC materials, if available, for photocopy                                                                                                              | 2. Provide available printed IEC materials relevant to the request or send it to the e-mail of the requester, if available. | None                                                                                                                                             | 15 minutes             | Tourism Staff                  |
| 2.1 Secure referral letter or DTF to other agencies, if needed.                                                                                                    | 2.1 Facilitate referral to other agencies, if needed.                                                                       | None                                                                                                                                             |                        | Tourism Staff                  |
| <b>TOTAL:</b>                                                                                                                                                      |                                                                                                                             | <b>None</b>                                                                                                                                      | <b>20 minutes</b>      |                                |

### 3. REQUEST FOR CITY BAND SERVICES

The Antipolo City Band is under the management of the Antipolo City Culture, Arts and Tourism Promotions Office (AnCCATPO). The City Band plays an important role in the safeguarding of the City's culture and tradition. Requests for their services during special occasions, barangay festivities, religious processions, funeral marches, etc. may be submitted to the Office of the City Mayor.

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                      |                        |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                   | ANTIPOLO CITY CULTURE, ARTS AND TOURISM PROMOTIONS OFFICE                                                             |                                                                                                                      |                        |                            |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                         | Simple                                                                                                                |                                                                                                                      |                        |                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                   | G2C –Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                        |                                                                                                                      |                        |                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                          | All                                                                                                                   |                                                                                                                      |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                               |                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                               |                        |                            |
| 1. Approved letter of request (with attached DTF) – 1 photocopy<br>Indicating the following information, among others:<br>a. Contact person<br>b. Contact number<br>c. Complete address<br>d. Exact location where the service of the city band is needed<br>e. Other details of the request<br>2. Any government-issued ID card – 1 photocopy |                                                                                                                       | - Office of the City Mayor<br><br>- Client<br><br>- BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO or Barangay |                        |                            |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                                  | <b>FEES TO BE PAID</b>                                                                                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit the complete requirements to the AnCCATPO                                                                                                                                                                                                                                                                                            | 1. Receive the requirements and advise the client to receive feedback within the day.                                 | None                                                                                                                 |                        | Receiving Clerk            |
| 1.1 None                                                                                                                                                                                                                                                                                                                                       | 1.1 Forward the request to the Head, AnCCATPO.                                                                        | None                                                                                                                 |                        | Tourism Head               |
| 1.2 None                                                                                                                                                                                                                                                                                                                                       | 1.2 Coordinate with the band master to check the schedule of the City Band.                                           | None                                                                                                                 |                        | Band Master                |
| 1.3 Receive feedback thru text or call.                                                                                                                                                                                                                                                                                                        | 1.3 Inform the client thru text or call of the availability/ non-availability of the City Band on the date requested. | None                                                                                                                 |                        | Appointed City Band member |
|                                                                                                                                                                                                                                                                                                                                                | <b>TOTAL:</b>                                                                                                         | <b>None</b>                                                                                                          | <b>8 hours</b>         |                            |

#### 4. REQUEST FOR TOUR GUIDE SERVICES

Requests for tour guide services are endorsed to the Antipolo City Culture, Arts and Tourism Promotions Office (AnCCATPO) for appropriate action.

|                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                                                                                      |                        |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                              | ANTIPOLO CITY CULTURE, ARTS AND TOURISM PROMOTIONS OFFICE                                       |                                                                                                                      |                        |                              |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                    | Simple                                                                                          |                                                                                                                      |                        |                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                              | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                      |                        |                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                     | All                                                                                             |                                                                                                                      |                        |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                          |                                                                                                 | <b>WHERE TO SECURE</b>                                                                                               |                        |                              |
| 1. Approved letter request (with attached DTF) – 1 photocopy<br>Indicating the following information, among others:<br>a. Contact person<br>b. Contact number<br>c. Complete address<br>d. Itinerary<br>e. Other details of the request<br>2. Any government-issued ID card – 1 photocopy |                                                                                                 | - Office of the City Mayor<br><br>- Client<br><br>- BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO or Barangay |                        |                              |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                       | <b>AGENCY ACTION</b>                                                                            | <b>FEES TO BE PAID</b>                                                                                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>    |
| 1. Submit the requirements to the AnCCATPO or email to <a href="mailto:antipolotourism@gmail.com">antipolotourism@gmail.com</a> .                                                                                                                                                         | 1. Receive the requirements and advise the client to receive feedback within the day.           | None                                                                                                                 | 1 day                  | Receiving Clerk              |
| 1.1 None                                                                                                                                                                                                                                                                                  | 1.1 Forward the request to the Head, AnCCATPO for instruction.                                  | None                                                                                                                 |                        | Tourism Staff Head, AnCCATPO |
| 1.2 None                                                                                                                                                                                                                                                                                  | 1.2 Check (and coordinate) the request if possible.                                             | None                                                                                                                 |                        | Tourism Officer              |
| 1.3 Receive feedback thru text or call.                                                                                                                                                                                                                                                   | 1.3 Inform the client thru text or call of the approval/disapproval of the request.             | None                                                                                                                 |                        | Tourism Staff                |
| 1.4 For a complex itinerary, seek related assistance.                                                                                                                                                                                                                                     | 1.4 Assist the client with needed permits and coordination, if any.                             | None                                                                                                                 |                        | Tourism Staff                |
|                                                                                                                                                                                                                                                                                           | <b>TOTAL:</b>                                                                                   | <b>None</b>                                                                                                          | <b>1 day</b>           |                              |



# **City Accounting Office**

## **External Services**





● **ISSUANCE OF CERTIFICATE / SUMMARY OF PREMIUM CONTRIBUTIONS, LOANS PAYMENTS, CERTIFIED COPY OF REMITTANCE LIST AND OFFICIAL RECEIPTS (GSIS, HDMF), AND CERTIFICATE OF LAST SALARY**

Upon request of the separated employee, the City Accounting Office issues Certificate of Premium Contribution and or Loan Payments to Government Service Insurance System (GSIS), Home Development Mutual Fund (HDMF) / Pag-IBIG Fund, and Philippine Health Insurance Corp. (PhilHealth) for the reconciliation of his/her account with said agencies for claim and other legal purposes.

|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                              | CITY<br>ACCOUNTING<br>OFFICE<br>ADMINISTRATIVE<br>DIVISION                                                                                                                                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                | Simple                                                                                                                                                                                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                          | G2G – Government to Government                                                                                                                                                                         |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                 | Separated employees of the City Government                                                                                                                                                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                      | <b>WHERE TO SECURE</b>                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>• Statement of Account</li> <li>• Summary of Premium or Loan Payments</li> <li>• Employee's Statement of Accumulated Value (ESAV)</li> <li>• Service Record</li> <li>• Copy of Disbursement Voucher for Last Salary</li> </ul> | <ul style="list-style-type: none"> <li>• GSIS, HDMF/Pag-IBIG Fund</li> <li>• GSIS</li> <li>• HDMF/Pag-IBIG Fund</li> <li>• City Human Resource Development Office (CHRDO)</li> <li>• Client</li> </ul> |

**REQUEST FOR CERTIFICATION:**

| CLIENT STEPS                                              | AGENCY ACTION                                                                 | FEES TO BE PAID                        | PROCESSING TIME | PERSON RESPONSIBLE            |
|-----------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------|-----------------|-------------------------------|
| 1. Submit the requirements to the City Accounting Office. | <ul style="list-style-type: none"> <li>• Receive the requirements.</li> </ul> | None                                   | 1 minute        | Administrative Division Staff |
| 1.1 None                                                  | 1.1 Check the employee's record on file.                                      | None                                   | 3 to 5 minutes  | Administrative Division Staff |
| 1.2 Secure Order of Payment.                              | 1.2 Issue the Order of Payment.                                               | None                                   | 1 minute        | Administrative Division Staff |
| 2 .Pay at the City Treasurer's Office – Window 11 by      | 2. Accept the payment based on the Order of Payment.                          | Certification fee – PHP 10.00 per copy | 2 minutes       | Revenue Collection Clerk      |

|                                                                        |                                                                                     |                                               |                   |                               |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|-------------------------------|
| showing the Order of Payment.                                          |                                                                                     | None                                          | 2 minutes         | Revenue Collection Clerk      |
| 2.1 Secure Official Receipt                                            | 2 .1 Issue the Official Receipt.                                                    |                                               |                   |                               |
| 3. Return to the City Accounting Office and show the Official Receipt. | 3. Check the Official Receipt.                                                      | None                                          | 2 minutes         | Administrative Division Staff |
| 3.1 None                                                               | 3.1 Prepare the Certification.                                                      | None                                          | 3-5 minutes       | Administrative Division Staff |
| 3.2 None                                                               | 3.2 Review and sign the Certification.                                              | None                                          | 2 minutes         | Accounting Head / OIC         |
| 3.3 Sign in the Release Log Book and secure the Certification.         | 3.3 Request the client to sign in the Release Log Book and issue the Certification. | None                                          | 1 minute          | Administrative Division Staff |
|                                                                        | <b>TOTAL:</b>                                                                       | <b>Certification fee – PHP 10.00 per copy</b> | <b>21 minutes</b> |                               |

### REQUEST FOR REMITTANCE LIST AND OFFICIAL RECEIPTS OF PAYMENTS:

| CLIENT STEPS                                                                                             | AGENCY ACTION                                                               | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|-----------------|-------------------------------|
| <ul style="list-style-type: none"> <li>Submit the requirements to the City Accounting Office.</li> </ul> | <ul style="list-style-type: none"> <li>Receive the requirements.</li> </ul> | None            | 1 minute        | Administrative Division Staff |
| 1.1 None                                                                                                 | 1.1 Check the employee's record on file.                                    | None            | 2 minutes       | Administrative Division Staff |
| 1.2 Provide contact number for feedback.                                                                 | 1.2 Get the client's contact number for feedback purposes.                  | None            | 1 minute        | Administrative Division Staff |
| 2. None                                                                                                  | 2. Check records and retrieve pertinent documents on file.                  | None            | 1 day           | Administrative Division Staff |
| 2.1 None                                                                                                 | 2.1 Collate and photocopy all the documents needed.                         | None            |                 | Administrative Division Staff |

|                                                                                             |                                                                           |                                   |           |                               |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------|-----------|-------------------------------|
| 2.2 None                                                                                    | 2.2. Certify the photocopies.                                             | None                              |           | Administrative Division Staff |
| 2.3 Receive call about the availability of the requested documents.                         | 2.3. Inform the client about the availability of the requested documents. | None                              |           | Administrative Division Staff |
| 3. On the specified date, return to the City Accounting Office and secure Order of Payment. | 3. Issue the Order of Payment.                                            | None                              | 1 minute  | Administrative Division Staff |
| 4. Pay to the City Treasurer's Office by showing the Order of Payment at Window 11.         | 4. Accept the payment based on the Order of Payment.                      | PHP 10.00 per certified photocopy | 2 minutes | Revenue Collection Clerk      |
| 4.1 Secure Official Receipt                                                                 | 4.1 Issue the Official Receipt.                                           | None                              | 2 minutes | Revenue Collection Clerk      |

|                                                                                                    |                                                                                       |                                                  |                             |                               |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------|-------------------------------|
|                                                                                                    |                                                                                       |                                                  |                             |                               |
| 5. Return to the City Accounting Office and show the Official Receipt.                             | 5. Check the Official Receipt and request the client to sign in the Release Log Book. | None                                             | 2 minutes                   | Administrative Division Staff |
| 5.1 Sign in the Release Log Book and receive the certified photocopies of the requested documents. | 5.1 Issue the certified photocopies of the requested documents.                       | None                                             | 1 minute                    | Administrative Division Staff |
|                                                                                                    | <b>TOTAL:</b>                                                                         | <b>PHP 10.00<br/>per certified<br/>photocopy</b> | <b>1 day,12<br/>minutes</b> |                               |

## 2. ISSUANCE OF CERTIFIED PHOTOCOPY OF DOCUMENTS FOR RELEASE OF RETENTION RELATED TO INFRASTRUCTURE PROJECTS

The City Accounting Office issues, upon request of the contractor concerned, a certified photocopy of documents related to completed City Government infrastructure project for the release of retention. The documents are gathered/collated by the Audit Division from the files of approved, completed and paid Disbursement Vouchers of particular projects.

|                                                                                                   |                                                                                       |                                                   |                             |                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                      | CITY ACCOUNTING OFFICE<br>ADMINISTRATIVE DIVISION                                     |                                                   |                             |                               |
| <b>CLASSIFICATION:</b>                                                                            | Simple                                                                                |                                                   |                             |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                  | G2B – Government to Business                                                          |                                                   |                             |                               |
| <b>WHO MAY AVAIL:</b>                                                                             | Project contractors of the City Government of Antipolo                                |                                                   |                             |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                  |                                                                                       |                                                   | <b>WHERE TO SECURE</b>      |                               |
| 1. Photo Copy of documents                                                                        |                                                                                       |                                                   | Office of the City Engineer |                               |
| <b>CLIENT STEPS</b>                                                                               | <b>AGENCY ACTION</b>                                                                  | <b>FEES TO<br/>BE PAID</b>                        | <b>PROCESSING<br/>TIME</b>  | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment.                                                                       | 1. Issue the Order of Payment.                                                        | None                                              | 1 minute                    | Administrative Division Staff |
| 2. Pay to the City Treasurer's Office by showing the Order of Payment at Window 11.               | 2. Accept the payment based on the Order of Payment.                                  | PHP 100.00 per certified photocopy                | 2 minutes                   | Revenue Collection Clerk      |
| 3. Secure Official Receipt                                                                        | 3. Issue the Official Receipt.                                                        | None                                              | 2 minutes                   | Revenue Collection Clerk      |
| 4. Return to the City Accounting Office and show the Official Receipt.                            | 4. Check the Official Receipt and request the client to sign in the Released Log Book | None                                              | 2 minutes                   | Administrative Division Staff |
| 5. Sign in the Release Log Book and receive the certified photocopies of the requested documents. | 5. Issue the certified photocopies of the requested documents.                        | None                                              | 1 minute                    | Administrative Division Staff |
|                                                                                                   | <b>TOTAL:</b>                                                                         | <b>PHP 100.00<br/>per certified<br/>photocopy</b> | <b>8 Minutes</b>            |                               |

### 3. PROCESSING OF REQUEST FOR PAYMENT OF PHILHEALTH REFUND

Upon the availability of the requirements enumerated below, a PhilHealth member who has been released after his/her confinement in any of the Rizal Provincial Hospital System (RPHS) Annexes in Antipolo City may request payment of PhilHealth Refund thru the City Accounting Office. To process the same, the PhilHealth member may inquire personally or call the City Accounting Office at tel. # 8689-4521 to check if his/her name is already in the pick-up list.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                               |                        |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CITY ACCOUNTING OFFICE /<br>FINANCIAL ACCOUNT AND ANALYSIS DIVISION / ADMINISTRATIVE<br>DIVISION / FISCAL MANAGEMENT AND CONTROL DIVISION                                             |                                                                                                                                                                                                                                                                                               |                        |                                              |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Highly Technical                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |                        |                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G2C – Government to Citizen                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                        |                                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PhilHealth members/qualified beneficiaries confined in any of the Rizal Provincial Hospital System (RPHS) – Annex II, or Antipolo City Hospital System (ACHS) – Cabading and Mambugan |                                                                                                                                                                                                                                                                                               |                        |                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                        |                        |                                              |
| <ul style="list-style-type: none"> <li>• Certification of PhilHealth Refund issued by the hospital – 1 original copy</li> <li>• Statement of Accumulated Charges / PhilHealth Reimbursement – 1 original copy</li> <li>• Official Receipts of Medicines – 1 original copy</li> <li>• Statement of Account – 1 original copy</li> <li>• Benefit Payment Notice (BPN) – 1 original copy</li> <li>• Two (2) government-issued ID cards – Original and 1 photocopy (to be shown upon claiming of check)</li> </ul> |                                                                                                                                                                                       | Any of the RPHS Annex II, or ACHS – Cabading and Mambugan where the PhilHealth member / qualified beneficiary was confined. <ul style="list-style-type: none"> <li>• PhilHealth Office</li> <li>• BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</li> </ul> |                        |                                              |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                                                                                                  | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                    |
| 1. Submit the requirements to the City Accounting Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Receive the requirements.                                                                                                                                                          | None                                                                                                                                                                                                                                                                                          | 1 minute               | Fiscal Management and Control Division Staff |
| 1.1 Provide contact number for feedback.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.1 Get the client's contact number for feedback purposes.                                                                                                                            | None                                                                                                                                                                                                                                                                                          | 1 minute               | Fiscal Management and Control Division Staff |
| 2. None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Prepare the Disbursement Voucher (DV).                                                                                                                                             | None                                                                                                                                                                                                                                                                                          | 10 Days                | Fiscal Management and Control Division Staff |
| 2.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.1 Email the DV to the authorized signatory for signing.                                                                                                                             | None                                                                                                                                                                                                                                                                                          |                        | Fiscal Management and Control Division Staff |

|  |  |  |  |  |
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|                                                                             |                                                                                                                                                     |      |  |                                                    |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|--|----------------------------------------------------|
| 2.2 None                                                                    | 2.2 Process and return the signed DV to the City Accounting Office.                                                                                 | None |  | Authorized Signatory                               |
| 2.3 None                                                                    | 2.3 Receive and forward the DV and its attachments to the Administrative Division.                                                                  | None |  | Fiscal Management and Control Division Staff       |
| 2.4 None                                                                    | 2.4 Assign DV number, enter in the data monitoring system, put a routing slip and forward to Fiscal Management and Control Division for Pre- Audit. | None |  | Administrative Division Staff                      |
| 2.5 None                                                                    | 2.5 Conduct Pre-Audit of the documents.                                                                                                             | None |  | Fiscal Management and Control Division Staff       |
| 2.6 None                                                                    | 2.6 Approve and sign the DV.                                                                                                                        | None |  | Accounting Head / OIC                              |
| 2.7 None                                                                    | 2.7 Forward the DV and its attachments to the City Treasurer's Office for approval and signing of DV                                                | None |  | Administrative Division Staff                      |
| 2.8 None                                                                    | 2.8 Approve and sign the Disbursement Voucher.                                                                                                      | None |  | City Treasurer's Office/City Mayor's Office        |
| 2.9 None                                                                    | 2.9 Prepare the check and process for approval.                                                                                                     | None |  | City Treasurer's Office/City Admin's Office        |
| 2.10 None                                                                   | 2.10 Upon availability of the check, prepare, and sign Accountant's Advice for transmittal to the City Treasurer's Office.                          | None |  | Administrative Division Staff/ Accounting Head/OIC |
| 2.11 None                                                                   | 2.11 Deliver Accountant's Advice to the bank concerned.                                                                                             | None |  | Administrative Division Staff                      |
| 2.12 Receive call about the release date of the check of PhilHealth refund. | 2.12 Call the client about the release date of the check.                                                                                           | None |  | City Treasurer's Office                            |

|                                                                                                                                             |                                                                               |             |                           |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------|---------------------------|-----------------|
|                                                                                                                                             |                                                                               |             |                           |                 |
| 3. On the specified date, proceed to the City Treasurer's Office, show the original and submit a photocopy of 2 government-issued ID cards. | 3. Check the ID cards and request the client to sign in the Release Log Book. | None        | 2 minutes                 | Releasing Clerk |
| 3.1 Sign in the Release Log Book and receive the check of PhilHealth Refund.                                                                | 3.1 Issue the check of PhilHealth Refund.                                     | None        | 1 minute                  | Releasing Clerk |
|                                                                                                                                             | <b>TOTAL:</b>                                                                 | <b>None</b> | <b>10 days, 5 minutes</b> |                 |



#### 4. CERTIFICATION VERIFYING THAT THE SUPPLIER/CONTRACTOR HAS AN EXISTING CONTRACT WITH THE AGENCY

The City Accounting Office hereby issues this certification verifying that the supplier/contractor has an existing contract with the agency for purposes of processing government payments.

|                                                                |                                                                              |                                                     |                            |                                              |
|----------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|----------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                   | CITY ACCOUNTING OFFICE<br>FISCAL MANAGEMENT AND<br>CONTROL DIVISION          |                                                     |                            |                                              |
| <b>CLASSIFICATION:</b>                                         | Simple                                                                       |                                                     |                            |                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                               | G2B – Government to Business                                                 |                                                     |                            |                                              |
| <b>WHO MAY AVAIL:</b>                                          | Project suppliers/contractors of the City Government of Antipolo             |                                                     |                            |                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |                                                                              | <b>WHERE TO SECURE</b>                              |                            |                                              |
| 1. Photo Copy of documents                                     |                                                                              | City Procurement Office/Office of the City Engineer |                            |                                              |
| <b>CLIENT STEPS</b>                                            | <b>AGENCY ACTION</b>                                                         | <b>FEES<br/>TO<br/>BE<br/>PAID</b>                  | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>                |
| 1. Submit the requirements to the City Accounting Office.      | 1. Receive the requirements.                                                 | None                                                | 1 minute                   | Administrative Division Staff                |
| 2. None                                                        | 2. Forward the documents to the Fiscal Management and Control Division Staff | None                                                | 1 minute                   | Administrative Division Staff                |
| 3. None                                                        | 3. Conduct Audit of the documents.                                           | None                                                | 3-15 minutes               | Fiscal Management and Control Division Staff |
| 4. None                                                        | 4. Review and sign the Certification                                         | None                                                | 2 minutes                  | Accounting Head / OIC                        |
| 5. Sign in the Release Log Book and receive the certification. | 5. Issue the certification                                                   | None                                                | 1 minute                   | Administrative Division Staff                |
|                                                                | <b>TOTAL:</b>                                                                | <b>None</b>                                         | <b>20 Minutes</b>          |                                              |



# **City Accounting Office**

## **Internal Services**



## 1. ISSUANCE OF CERTIFICATE OF PREMIUM CONTRIBUTIONS, AND/OR LOANS PAYMENTS

Upon request of the employee, the City Accounting Office issues Certificate of Premium Contribution and or Loan Payments to Government Service Insurance System (GSIS), Home Development Mutual Fund (HDMF) / Pag-IBIG Fund, and Philippine Health Insurance Corp. (PhilHealth) for the reconciliation of his/her account with said agencies.

|                                                                                                                                                                                                                  |                                                      |                                                                                                                                                                   |                        |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                         | CITY ACCOUNTING OFFICE / ADMINISTRATIVE DIVISION     |                                                                                                                                                                   |                        |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                           | Simple                                               |                                                                                                                                                                   |                        |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                     | G2G – Government to Government                       |                                                                                                                                                                   |                        |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                            | City Government employees                            |                                                                                                                                                                   |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                 |                                                      | <b>WHERE TO SECURE</b>                                                                                                                                            |                        |                               |
| 1. Statement of Account<br>2. Summary of Premium or Loan Payments<br>3. Employee's Statement of Accumulated Value (ESAV)<br>4. Claim Signature Form / Claim Form 1 (CSF/ CF1) – to be accomplished by the client |                                                      | <ul style="list-style-type: none"> <li>GSIS, HDMF/Pag-IBIG Fund</li> <li>GSIS</li> <li>HDMF/Pag-IBIG Fund</li> <li>PhilHealth / City Accounting Office</li> </ul> |                        |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                 | <b>FEES TO BE PAID</b>                                                                                                                                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit the requirements to the City Accounting Office.                                                                                                                                                        | 1. Receive the requirements.                         | None                                                                                                                                                              | 1 minute               | Administrative Division Staff |
| 1.1 None                                                                                                                                                                                                         | 2.1 Check the employee's record on file.             | None                                                                                                                                                              | 2 minutes              | Administrative Division Staff |
| 1.2 Secure Order of Payment.                                                                                                                                                                                     | 2.2 Issue the Order of Payment.                      | None                                                                                                                                                              | 1 minute               | Administrative Division Staff |
| 2. Pay to the City Treasurer's Office by showing the Order of Payment at Window 11.                                                                                                                              | 2. Accept the payment based on the Order of Payment. | Certification fee – PHP 10.00 per copy                                                                                                                            | 2 minutes              | Revenue Collection Clerk      |
| 2.1 Secure Official Receipt.                                                                                                                                                                                     | 2.1 Issue the Official Receipt.                      | None                                                                                                                                                              | 2 minutes              | Revenue Collection Clerk      |

|                                                                        |                                                                                     |                                               |                   |                               |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|-------------------------------|
| 3. Return to the City Accounting Office and show the Official Receipt. | 3. Check the Official Receipt.                                                      | None                                          | 2 minutes         | Administrative Division Staff |
| 3.1 None                                                               | 3.1 Prepare the Certification.                                                      | None                                          | 3 minutes         | Administrative Division Staff |
| 3.2 None                                                               | 3.2 Review and sign the Certification.                                              | None                                          | 2 minutes         | Accounting Head / OIC         |
| 3.3 Sign in the Release Log Book and receive the Certification.        | 3.3 Request the client to sign in the Release Log Book and Issue the Certification. | None                                          | 1 minute          | Administrative Division Staff |
|                                                                        | <b>TOTAL:</b>                                                                       | <b>Certification fee – PHP 10.00 per copy</b> | <b>16 minutes</b> |                               |



# **City Administrator's Office**

## **External Services**



## 1. ISSUANCE OF CERTIFICATIONS

The Office of the City Administrator facilitates the issuance of certifications for general purposes upon submission of the request and payment of the corresponding fee, if applicable. Certifications are issued to affirm the validity of the information.

|                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                                                                                                                                          |                            |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                     | OFFICE OF THE CITY ADMINISTRATOR                                                                |                                                                                                                                                                          |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                           | Simple                                                                                          |                                                                                                                                                                          |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                          |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                            | All                                                                                             |                                                                                                                                                                          |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                 |                                                                                                 | <b>WHERE TO SECURE</b>                                                                                                                                                   |                            |                               |
| <ol style="list-style-type: none"> <li>Letter of request addressed to the City Mayor thru the City Administrator</li> <li>Any government-issued ID card showing the present address in Antipolo City – 1 photocopy</li> <li>Barangay Certificate of Residency / Moral Character / Indigency (whichever is applicable)</li> </ol> |                                                                                                 | <ul style="list-style-type: none"> <li>Client</li> <li>BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/ PSN)</li> <li>Barangay Hall</li> </ul> |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                            | <b>FEES TO<br/>BE PAID</b>                                                                                                                                               | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the City Administrator's Office.                                                                                                                                                                                                                                                                   | 1. Receive the requirements.                                                                    | None                                                                                                                                                                     | 2 minutes                  | Receiving Clerk               |
| 1.1 Secure an Order of Payment.                                                                                                                                                                                                                                                                                                  | 1. Issue the Order of Payment.                                                                  | None                                                                                                                                                                     |                            |                               |
| 2. Pay the required fees at the City Treasurer's Office— Window 11 by showing the Order of Payment.                                                                                                                                                                                                                              | 2. Accept the payment based on the Order of Payment.                                            | Certification<br>PHP100.00                                                                                                                                               | 3 minutes                  | Revenue Collection Clerk      |
| 2.1 Secure an Official Receipt.                                                                                                                                                                                                                                                                                                  | 2.1 Issue the Official Receipt.                                                                 | None                                                                                                                                                                     |                            |                               |

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| Return to the City Administrator's Office and show the Official Receipt. | Forward the Official Receipt to the administrative staff concerned.            | None                             | 1 minute          | Receiving Clerk      |
| 3.1 None                                                                 | 1 Prepare the Certification.                                                   | None                             | 5 minutes         | Administrative Staff |
| 3.2 None                                                                 | 2 Review and sign the document.                                                | None                             | 2 minutes         | City Administrator   |
| 3 Sign the Release Log Book and secure the Certification.                | 3 Request the client to sign the Release Log Book and issue the Certification. | None                             | 2 minutes         | Releasing Clerk      |
|                                                                          | <b>TOTAL:</b>                                                                  | <b>Certification - PHP100.00</b> | <b>15 minutes</b> |                      |

## 2. ISSUANCE OF MAYOR'S CLEARANCE

The Office of the City Administrator facilitates the issuance of Mayor's Clearance to bona fide residents of Antipolo City for the following purposes: a) Issuance of driver's license; b) Entering the military/police service; c) Application for security guard; d) DFA purposes such as securing a passport or visa, etc.; e) Transfer of resident aliens; f) Securing or renewing a license to possess firearm, and g) Other purposes.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFICE OF THE CITY ADMINISTRATOR                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | Simple                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | G2G – Government to Government                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | Applicants for the above-said purposes               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                           |
| <ol style="list-style-type: none"> <li>Community Tax Certificate (cedula) – 1 photocopy</li> <li>Voter's ID / Certification / Registration, or any government-issued ID card showing the present address in Antipolo City – 1 photocopy</li> <li>Barangay Clearance – 1 photocopy</li> <li>Municipal Trial Court Clearance – 1 photocopy</li> <li>Regional Trial Court Clearance – 1 photocopy</li> <li>Police Clearance – 1 photocopy</li> </ol> |                                                      | <ul style="list-style-type: none"> <li>Barangay Hall, or City Treasurer's Office – Taxpayer's Lounge (CTC Desk)</li> <li>COMELEC Antipolo City</li> <li>BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</li> <li>Barangay Hall</li> <li>Office of the Clerk of Court, Municipal Trial Court, Antipolo City</li> <li>Office of the Clerk of Court, Regional Trial Court, Antipolo City</li> <li>Antipolo Component City Police Station</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AGENCY ACTION</b>                                 | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements to the City Administrator's Office.                                                                                                                                                                                                                                                                                                                                                                                    | 1. Receive the requirements.                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 minutes              | Receiving Clerk           |
| 1.1 Secure an Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.1 Issue the Order of Payment                       | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                           |
| 2. Pay the required fees at the City Treasurer's Office - Window 11 by                                                                                                                                                                                                                                                                                                                                                                            | 2. Accept the payment based on the Order of Payment. | Mayor's Clearance –                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 minutes              | Revenue Collection Clerk  |



|                                                                             |                                                                                      |                                      |                   |                      |
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| showing the Order of Payment.                                               |                                                                                      | PHP100.00                            |                   |                      |
| 2.1 Secure an Official Receipt.                                             | 2.1 Issue the Official Receipt.                                                      | None                                 |                   |                      |
| 3. Return to the City Administrator's Office and show the Official Receipt. | 3. Forward the Official Receipt to the administrative staff concerned.               | None                                 | 1 minute          | Receiving Clerk      |
| 3.1 None                                                                    | 3.1 Prepare the Mayor's Clearance.                                                   | None                                 | 5 minutes         | Administrative Staff |
| 3.2 None                                                                    | 3.2 Review and sign the document.                                                    | None                                 | 2 minutes         | City Administrator   |
| 3.3 Sign the Release Log Book and secure the Mayor's Clearance.             | 3.3 Request the client to sign the Release Log Book and issue the Mayor's Clearance. | None                                 | 2 minutes         | Releasing Clerk      |
|                                                                             | <b>TOTAL:</b>                                                                        | <b>Mayor's Clearance – PHP100.00</b> | <b>15 minutes</b> |                      |

### 3. ISSUANCE OF SHOOTING LOCATION PERMIT (FILM-MAKING)

The Office of the City Administrator facilitates the issuance of **Shooting Location Permits** to local and foreign film and audiovisual production companies that intend to conduct filming activities within the territorial jurisdiction of Antipolo City, in accordance with DILG–FDCP Joint Memorandum Circular No. 01, Series of 2026.

|                                                                                                          |                                                                                                                                                                 |                                    |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                             | OFFICE OF THE CITY ADMINISTRATOR                                                                                                                                |                                    |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                   | Simple                                                                                                                                                          |                                    |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                         | G2B – Government to Business                                                                                                                                    |                                    |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                    | Film and audiovisual companies, television networks, advertising companies, and all other concerned with the conduct of film and audiovisual production shoots. |                                    |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                         |                                                                                                                                                                 | <b>WHERE TO SECURE</b>             |                            |                               |
| 1. Duly accomplished Application Form (Annex A)<br>2. Synopsis / treatment / portion of the final script |                                                                                                                                                                 | -Client                            |                            |                               |
| <b>CLIENT STEPS</b>                                                                                      | <b>AGENCY ACTION</b>                                                                                                                                            | <b>FEES TO<br/>BE PAID</b>         | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the required documents to the City Administrator's Office.                                     | 1. Receive and evaluate the submitted documents for completeness and compliance.                                                                                | None                               | 2 minutes                  | Receiving Clerk               |
| 1.1 —                                                                                                    | 1.1 Notify concerned barangay/barangays and process the barangay clearance internally.                                                                          | None                               |                            | Administrative Staff          |
| 1.2 Secure an Order of Payment.                                                                          | 1.2 Issue the Order of Payment, inclusive of barangay clearance fees, if applicable.                                                                            | None                               | 2 minutes                  | Administrative Staff          |
| 2. Pay the required fees at the City Treasurer's Office by presenting the Order of Payment.              | 2. Accept payment based on the Order of Payment.                                                                                                                | Refer to approved Schedule of Fees | 3 minutes                  | Revenue Collection Clerk      |
| 2.1 Secure the Official Receipt.                                                                         | 2.1 Issue the Official Receipt.                                                                                                                                 | None                               | -                          | Revenue Collection Clerk      |
| 3. Return to the City Administrator's Office and present the Official Receipt.                           | 3. Prepare the Shooting Location Permit with barangay clearance attached/included.                                                                              | None                               | 5 minutes                  | Administrative Staff          |

|                                                              |                                                                                                  |                                            |                   |                    |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------|--------------------|
| <b>3.1 —</b>                                                 | <b>3.1</b> Review and sign the Shooting Location Permit.                                         | None                                       | 2 minutes         | City Administrator |
| <b>3.2</b> Sign the Release Log Book and receive the permit. | <b>3.2</b> Request client to sign the Release Log Book and release the Shooting Location Permit. | None                                       | 1 minute          | Releasing Clerk    |
|                                                              | <b>TOTAL:</b>                                                                                    | <b>Refer to the schedule of fees below</b> | <b>15 minutes</b> |                    |

### SCHEDULE OF FEES

| Kind of Activity                                             | Rate of Fee        |
|--------------------------------------------------------------|--------------------|
| a. Permit fee for location filming                           |                    |
| 1. Local                                                     | PHP 3,000.00 / day |
| 2. Foreign                                                   | PHP 5,000.00 / day |
| 3. For commercials / “Teleserye”                             | PHP 2,000.00 / day |
| b. Additional Regulatory Fees for Filming                    |                    |
| 1. Commercial Movies                                         | PHP 1,000.00 / day |
| 2. Commercial Advertisements                                 | PHP 700.00 / day   |
| 3. Documentary Film                                          | PHP 500.00 / day   |
| 4. Videotape Coverage                                        | PHP 500.00 / day   |
| 5. An additional fee for every location of the film shooting | PHP 500.00 / day   |

## 4.ISSUANCE OF SPECIAL PERMITS

The Office of the City Administrator facilitates the issuance of Special Permits for activities to be conducted within the territorial jurisdiction of Antipolo City that require permission from the City Government.

|                                                                                                                                                                                        |                                                                                              |                                                                                                                                                                                      |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                           | OFFICE OF THE CITY ADMINISTRATOR                                                             |                                                                                                                                                                                      |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                 | Simple                                                                                       |                                                                                                                                                                                      |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                       | G2C – Government to Citizen; G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                                      |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                  | All                                                                                          |                                                                                                                                                                                      |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                       |                                                                                              | <b>WHERE TO SECURE</b>                                                                                                                                                               |                            |                               |
| 1. Letter of request addressed to the City Mayor – received copy<br>2. Any government-issued ID card – 1 photocopy<br>3. Barangay Clearance / HOA Endorsement, whichever is applicable |                                                                                              | <ul style="list-style-type: none"> <li>Office of the Mayor</li> <li>BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)</li> <li>Barangay Hall</li> </ul> |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                    | <b>AGENCY ACTION</b>                                                                         | <b>FEES<br/>TO<br/>BE<br/>PAID</b>                                                                                                                                                   | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the City Administrator's Office.                                                                                                                         | 1. Receive the requirements and forward them to the administrative staff concerned.          | None                                                                                                                                                                                 | 1 minute                   | Receiving Clerk               |
| 1.1 Submit to interview, if so required.                                                                                                                                               | 1.1 Check the request and interview the client for further details.                          | None                                                                                                                                                                                 | 5 minutes                  | Administrative Staff          |
| 2. None                                                                                                                                                                                | 2. Prepare the Special Permit.                                                               | None                                                                                                                                                                                 | 5 minutes                  | Receiving Clerk               |
| 2.1 None                                                                                                                                                                               | 2.1 Review and sign the document.                                                            | None                                                                                                                                                                                 | 2 minutes                  | City Administrator            |
| 2.3 Sign the Release Log Book and                                                                                                                                                      | 2.3 Request the client to sign the Release                                                   | None                                                                                                                                                                                 | 2 minutes                  | Releasing Clerk               |

|                            |                                |             |                   |  |
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| secure the Special Permit. | Log Book and issue the Permit. |             |                   |  |
|                            | <b>TOTAL:</b>                  | <b>None</b> | <b>15 minutes</b> |  |

## 5. PROVISION OF FREE LEGAL ADVICE

Another special service of the City Government being facilitated by the Office of the City Administrator is the provision of free legal advice to Antipolo residents seeking the assistance of the City Mayor on their legal queries.

|                                                                                                                       |                                                                                               |                                                                                                                                                                                     |                               |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                          | OFFICE OF THE CITY ADMINISTRATOR                                                              |                                                                                                                                                                                     |                               |                               |
| <b>CLASSIFICATION:</b>                                                                                                | Simple                                                                                        |                                                                                                                                                                                     |                               |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                      | G2C – Government to Citizen;<br>G2G – Government to Government                                |                                                                                                                                                                                     |                               |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                 | Senior citizens, persons with disabilities (PWDs)                                             |                                                                                                                                                                                     |                               |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                      |                                                                                               | <b>WHERE TO SECURE</b>                                                                                                                                                              |                               |                               |
| 1. Letter of Request with attached Mayor's Data Tracking Form (DTF)<br>2. Any government-issued ID card – 1 photocopy |                                                                                               | <ul style="list-style-type: none"> <li>• Client</li> <li>• Office of the Mayor</li> <li>• BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)</li> </ul> |                               |                               |
| <b>CLIENT STEPS</b>                                                                                                   | <b>AGENCY ACTION</b>                                                                          | <b>FEES TO<br/>BE PAID</b>                                                                                                                                                          | <b>PROCESSING<br/>TIME</b>    | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the City Administrator's Office.                                                        | 1. Receive the requirements and give the Registry Log Book to the client.                     | None                                                                                                                                                                                | 2 minutes                     | Administrative Staff          |
| 1.1 Sign the Registry Log Book and secure a queue number, if any.                                                     | 1.1 Request the client to sign in the Registry Log Book and issue a queue number, if any.     | None                                                                                                                                                                                | 2 minutes                     |                               |
| 1.2 Once called, proceed to the legal assistant on duty.                                                              | 1.2 Endorse the client to the legal assistant on duty.                                        | None                                                                                                                                                                                | 1 minute (if no prior client) |                               |
| 2. Submit to interview and provide true, correct, and complete information to obtain                                  | 2. Conduct client interviews and counseling on possible courses of action that the client may | None                                                                                                                                                                                | 30 minutes                    | Legal assistant on duty       |

|                           |                                         |             |                       |  |
|---------------------------|-----------------------------------------|-------------|-----------------------|--|
| appropriate legal advice. | undertake relative to his/her concerns. |             |                       |  |
|                           | <b>TOTAL:</b>                           | <b>None</b> | <b>35<br/>minutes</b> |  |

## 6.PROVISION OF FREE NOTARIAL SERVICES

One of the special services of the City Government being facilitated by the Office of the City Administrator is the provision of free notary public services to elders and differently-abled constituents of Antipolo City for their Affidavits of Loss.

|                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                               |                        |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                          | OFFICE OF THE CITY ADMINISTRATOR                                                           |                                                                                                                                                                                               |                        |                                       |
| <b>CLASSIFICATION:</b>                                                                                                                                                                | Simple                                                                                     |                                                                                                                                                                                               |                        |                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                      | G2C – Government to Citizen;<br>G2G – Government to Government                             |                                                                                                                                                                                               |                        |                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                 | Senior citizens, persons with disabilities (PWDs)                                          |                                                                                                                                                                                               |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                      |                                                                                            | <b>WHERE TO SECURE</b>                                                                                                                                                                        |                        |                                       |
| 1. Letter of Request with attached Mayor's Data Tracking Form (DTF)<br>2. Ready Affidavit of Loss, if any – 3 sets of original copy<br>3. Any government-issued ID card – 1 photocopy |                                                                                            | <ul style="list-style-type: none"> <li>Client</li> <li>Office of the Mayor</li> <li>Client</li> <li>BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)</li> </ul> |                        |                                       |
| <b>CLIENT STEPS</b>                                                                                                                                                                   | <b>AGENCY ACTION</b>                                                                       | <b>FEES TO BE PAID</b>                                                                                                                                                                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Submit the requirements to the City Administrator's Office.                                                                                                                        | 1. Receive the requirements and forward them to the Legal Assistant for notarial services. | None                                                                                                                                                                                          | 3 minutes              | Administrative Staff                  |
| 1.1 Provide required information.                                                                                                                                                     | 1.1 If the client does not have a ready Affidavit of Loss, interview the client.           | None                                                                                                                                                                                          | 10 minutes             | Administrative Staff                  |
| 1.2 None                                                                                                                                                                              | 1.2 Give the information to the Legal Assistant for notarial services.                     | None                                                                                                                                                                                          | 2 minutes              | Administrative Staff                  |
| 1.3 None                                                                                                                                                                              | 1.3 Prepare Affidavit of Loss and or process the same for notarization.                    | None                                                                                                                                                                                          | 3 minutes              | Administrative Staff/ Legal Assistant |



|                                                                          |                                                                                                |             |                   |                      |
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| 2. Sign the Registry/Release Log Book and secure the notarized document. | 2. Request the client to sign the Registry/ Release Log Book and issue the notarized document. | None        | 2 minutes         | Administrative Staff |
|                                                                          | <b>TOTAL:</b>                                                                                  | <b>None</b> | <b>20 minutes</b> |                      |

## 7.FILING OF COMPLAINT

Clients of the Office of the City Administrator may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during their transactions at the Office of the City Administrator.

|                                                                                                       |                                                                                               |                                                                                                                                                                            |                            |                                              |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                          | OFFICE OF THE CITY ADMINISTRATOR                                                              |                                                                                                                                                                            |                            |                                              |
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                                        |                                                                                                                                                                            |                            |                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                      | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government |                                                                                                                                                                            |                            |                                              |
| <b>WHO MAY AVAIL:</b>                                                                                 | All                                                                                           |                                                                                                                                                                            |                            |                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                      |                                                                                               | <b>WHERE TO SECURE</b>                                                                                                                                                     |                            |                                              |
| 1. Duly accomplished Complaint Form – Original copy<br>2. Any government-issued ID card – 1 photocopy |                                                                                               | <ul style="list-style-type: none"> <li>Office of the City Administrator</li> <li>BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)</li> </ul> |                            |                                              |
| <b>CLIENT STEPS</b>                                                                                   | <b>AGENCY ACTION</b>                                                                          | <b>FEES TO<br/>BE PAID</b>                                                                                                                                                 | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>                |
| 1. Submit the requirements.                                                                           | 1. Receive the requirements and verify the nature of the complaint.                           | None                                                                                                                                                                       | 4 minutes                  | Administrative Staff                         |
| 1.1 Proceed to the Administrative staff assigned for a dialogue                                       | 1.1 Endorse the complaint to the administrative staff assigned                                | None                                                                                                                                                                       | 1 minute                   | Administrative Staff                         |
| 2. Provide details of the complaint.                                                                  | 2. Check the complaint and discuss possible actions to resolve the issues and concerns.       | None                                                                                                                                                                       | 20 minutes                 | City Administrator or Legal Officer assigned |
| 2.1 Obtain the desired resolution of the complaint.                                                   | 2.1 Resolve the issues and concerns raised by the client.                                     | None                                                                                                                                                                       | 5-20 minutes               | City Administrator or Legal Officer assigned |

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|                                                                                |                                                                                                                            |      |                             |                      |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|----------------------|
| 2.2 None                                                                       | 2. 2 Prepare the minutes of the interview/ dialogue to be noted by the Office Head.                                        | None | 5-10 minutes                |                      |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy. | 3. Provide the client with a copy of the minutes of the dialogue and ensure that the client has signed the receiving copy. | None | 5 minutes                   | Administrative Staff |
|                                                                                | <b>TOTAL:</b>                                                                                                              | None | <b>40 minutes to 1 hour</b> |                      |



# **City Administrator's Office**

## **Internal Services**



## 1. FACILITATION OF DOCUMENTS FOR SIGNATURE OF THE CITY ADMINISTRATOR

The City Administrator signs documents of the City Government of Antipolo that require his/her recommendation/approval as well as documents which he is authorized to sign for and by the authority of the City Mayor such as inter-agency communications, endorsements, and other outgoing communications of the City Government.

|                                                                                            |                                                     |                            |                            |                               |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                               | OFFICE OF THE CITY ADMINISTRATOR                    |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                     | Simple                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                           | G2G – Government to Government                      |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                      | City government departments and program offices     |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                           |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| Documents to be signed by the City Administrator with attached pertinent documents, if any |                                                     | - Client                   |                            |                               |
| <b>CLIENT STEPS</b>                                                                        | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the document/s to the City Administrator's Office.                               | 1. Check the document/s.                            | None                       | 5 minutes                  | Receiving Clerk               |
| 1.1 None                                                                                   | 1. Sign the document/s                              | None                       | 2 minutes                  | City Administrator            |
| 2. Sign the Release Log Book.                                                              | 2. Give the Release Log Book to the client to sign. | None                       | 3 minutes                  | Releasing Clerk               |
| 2.1 Receive the signed document/s.                                                         | 2.1 Issue the signed document/s.                    | None                       |                            |                               |
| <b>TOTAL:</b>                                                                              |                                                     | <b>None</b>                | <b>10<br/>minutes</b>      |                               |

Note: Processing time for bulk documents is 30 minutes to 1 hour per batch.



## **Office of the City Agriculturist External Services**



## 1. PROVISION OF VEGETABLE SEEDS AND SEEDLINGS

The Office of the City Agriculturist (OCAg) provides vegetable seeds to walk-in clients and those who submit requests, subject to availability. Additionally, tree seedlings are available upon written request and can be picked up at the City Plant Nursery located in Sitio Kaysakat, Barangay San Jose. This service aims to support local farmers, home gardeners, and organizations in promoting sustainable urban agriculture and reforestation efforts.

|                                  |                                                                                                               |
|----------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | OFFICE OF THE CITY AGRICULTURIST/<br>PROGRAMS AND PROJECTS DIVISION, AND RESEARCH AND<br>DEVELOPMENT DIVISION |
| <b>CLASSIFICATION:</b>           | Simple                                                                                                        |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government               |
| <b>WHO MAY AVAIL:</b>            | Farmers and residents of Antipolo City                                                                        |

### FOR WALK-IN REQUEST OF VEGETABLE SEEDS:

| CHECKLIST OF REQUIREMENTS                                                                                                                                  |                                                                                          | WHERE TO SECURE                                                                  |                   |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------|-----------------------------------------|
| - Identification Card with Antipolo City address                                                                                                           |                                                                                          | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                   |                                         |
| CLIENT STEPS                                                                                                                                               | AGENCY ACTION                                                                            | FEES TO BE PAID                                                                  | PROCESSING TIME   | PERSON RESPONSIBLE                      |
| 1. Proceed to the Office of the City Agriculturist and inform the staff on duty of the request, and sign the registry logbook and present ID to the staff. | 1. Give the Registry Logbook to the client to sign                                       | None                                                                             | 5 minutes         | Receiving Clerk/<br>Administrative Aide |
| 1.1 None                                                                                                                                                   | 1.1 Check availability of seeds                                                          | None                                                                             | 5 minutes         | Receiving Clerk/<br>Administrative Aide |
| 2. Receive the provided vegetable seeds.                                                                                                                   | 2. Provide vegetable seed packs to the client.                                           |                                                                                  |                   | Receiving Clerk/<br>Administrative Aide |
|                                                                                                                                                            | 2.1. Inform the client that there will be a monitoring through phone call or site visit. |                                                                                  |                   | Receiving Clerk/<br>Administrative Aide |
| <b>TOTAL:</b>                                                                                                                                              |                                                                                          | <b>None</b>                                                                      | <b>10 minutes</b> |                                         |

## FOR TREE SEEDLINGS REQUEST:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                               |                                                                                                                           | WHERE TO SECURE                                                                  |                 |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------|-----------------------------------------|
| 1. Letter of request addressed to the City Mayor thru the City Agriculturist with contact information written such as mobile number, telephone number, mailing address and or e-mail address – Original and 1 photocopy |                                                                                                                           | - Client                                                                         |                 |                                         |
| 2. Valid Identification Card with Antipolo City address                                                                                                                                                                 |                                                                                                                           | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                 |                                         |
| CLIENT STEPS                                                                                                                                                                                                            | AGENCY ACTION                                                                                                             | FEES TO BE PAID                                                                  | PROCESSING TIME | PERSON RESPONSIBLE                      |
| 1. Submit the requirements to the Office of the City Agriculturist.                                                                                                                                                     | 1. Receive and check the requirements and have the client sign in the Registry Logbook.                                   | None                                                                             | 10 minutes      | Receiving Clerk/<br>Administrative Aide |
| 1.1 Sign the Registry Logbook.                                                                                                                                                                                          | 1.1 Endorse the request to OCAg staff concerned.                                                                          | None                                                                             | 5 minutes       | Receiving Clerk/<br>Administrative Aide |
| 1.2 Obtain schedule of pick-up.                                                                                                                                                                                         | 1.2 Check the request, brief the client about the service and availability of seedlings, and set the schedule of pick-up. | None                                                                             | 15 minutes      | Receiving Clerk/<br>Administrative Aide |
| 2. Claim the seedlings at the City Plant Nursery in Sitio Kaysakat, Brgy. San Jose.                                                                                                                                     | 2. Provide the requested seedlings                                                                                        | None                                                                             | 10 minutes      | Farm Foreman /<br>Farm Worker           |
| 2.1 Receive the seedlings and sign the logbook at the City Plant Nursery.                                                                                                                                               | 2.1 Have the client sign in the Registry Logbook and brief them on the management of seedlings provided                   | None                                                                             | 10 minutes      | Farm Foreman /<br>Farm Worker           |
|                                                                                                                                                                                                                         | 2.2. Inform the client that there will be a monitoring through phone call or site visit.                                  |                                                                                  | 10 minutes      | Farm Foreman /<br>Farm Worker           |
|                                                                                                                                                                                                                         | <b>TOTAL:</b>                                                                                                             | <b>None</b>                                                                      | <b>1 hour*</b>  |                                         |

\*Excluding the travel time of the client to the City Plant Nursery



## 2. APPLICATION FOR TRACTOR OPERATION SERVICES

The City Government, through the Office of the City Agriculturist, offers tractor services to farmers and agricultural stakeholders, subject to the availability of schedule, manpower, and equipment. A one-hectare land can typically be plowed within a day using a city government-owned tractor operated by an assigned tractor operator. To avail of this service, interested parties must submit a request to the Office of the City Agriculturist. The requesting party is responsible for providing the necessary gasoline for the tractor's operation.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                            | OFFICE OF THE CITY AGRICULTURIST /<br>AGRICULTURAL ENGINEERING DIVISION                                    |                                                                                  |                 |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------|------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                  | Simple                                                                                                     |                                                                                  |                 |                                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                            | G2C – Government to Citizen;<br>G2B – Government to Business                                               |                                                                                  |                 |                                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                   | Farmers, farmers' cooperative/associations, indigenous people (IP),<br>and other agricultural stakeholders |                                                                                  |                 |                                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                               |                                                                                                            | WHERE TO SECURE                                                                  |                 |                                          |
| 1. Letter of request addressed to the City Mayor thru the City Agriculturist with contact information written such as mobile number, telephone number, mailing address and or e-mail address – Original and 1 photocopy |                                                                                                            | - Client                                                                         |                 |                                          |
| 2. Valid Identification Card with Antipolo City address                                                                                                                                                                 |                                                                                                            | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                 |                                          |
| 3. Fuel – Diesel (volume depends on the area of farm to be operated)                                                                                                                                                    |                                                                                                            | - Gasoline stations                                                              |                 |                                          |
| CLIENT STEPS                                                                                                                                                                                                            | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                  | PROCESSING TIME | PERSON RESPONSIBLE                       |
| 1. Submit the requirements (letter, contact information, and photocopied government-issued ID) to the Office of the City Agriculturist.                                                                                 | 1. Receive the requirements and have the client sign the Registry Logbook.                                 | None                                                                             | 10 minutes      | Receiving Clerk                          |
| 1.1 Sign in the Registry Logbook.                                                                                                                                                                                       | 1.1 Endorse the request to OCAg staff concerned.                                                           | None                                                                             | 10 minutes      | Receiving Clerk                          |
| 1.2 Obtain schedule of site inspection.                                                                                                                                                                                 | 1.2 Check the request, brief the client about the service, and set the schedule of site inspection.        | None                                                                             | 10 minutes      | Agricultural Technician/<br>Technologist |
| 2. Cooperate with the personnel of the Office of the City Agriculturist during the inspection.                                                                                                                          | 2. Conduct site inspection as scheduled and verify the feasibility of tractor operation in the area        | None                                                                             | 1 day           | Agricultural Engineer                    |

|                                            |                                                                                                                                           |             |                               |  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|--|
| 2.1 Obtain schedule of tractor operation.  | 2.1 Set the schedule of tractor operation and provide details on the volume of fuel to be consumed for the tractor operation of the area. | None        |                               |  |
| 3. Provide fuel for the tractor operation. | 3. Receive and transfer the fuel to the tractor.<br><br>3.1 Facilitate tractor operation.                                                 |             | 1 day                         |  |
|                                            | <b>TOTAL:</b>                                                                                                                             | <b>None</b> | <b>2 days and 30 minutes*</b> |  |

\*Excluding the time intervals between the validation and tractor operation schedules

### 3. PROVISION OF IEC MATERIALS AND AGRICULTURAL RESEARCH SERVICES

The Office of the City Agriculturist provides students and researchers with IEC materials and assistance on agricultural research. The Farmers' Information Technology Services (FITS) Center located in Sitio Boso-Boso, Brgy San Jose, Antipolo City is designed to cater to agriculture research and education. Nearby residents may opt to go directly to the FITS Center to avail of the service.

#### OCAg FIELD OFFICES / Locations

1. Farmers' Information and Technology Services (FITS) Center / Sitio Boso-Boso, Brgy. San Jose, Antipolo City
2. Pantay Field/Farmers Center / Sitio Gipit, Brgy. San Jose, Antipolo City
3. City Plant Nursery / Payaguan Sitio Kaysakat, Brgy. San Jose, Antipolo City

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                    | OFFICE OF THE CITY AGRICULTURIST and FARMERS' INFORMATION TECHNOLOGY SERVICES (FITS) CENTER / AGRICULTURAL EXTENSION DIVISION, AGRICULTURE AND BIOSYSTEMS ENGINEERING DIVISION, AND RESEARCH AND DEVELOPMENT DIVISION |                                                                                                    |                 |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|----------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                          | Simple                                                                                                                                                                                                                |                                                                                                    |                 |                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                    | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                       |                                                                                                    |                 |                                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                           | All                                                                                                                                                                                                                   |                                                                                                    |                 |                                        |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       | WHERE TO SECURE                                                                                    |                 |                                        |
| 1. Letter of request addressed to the City Mayor thru the City Agriculturist with contact information written such as mobile number, telephone number, mailing address and or e-mail address – Original and 1 photocopy<br>2. Any valid government-issued ID card – 1 photocopy |                                                                                                                                                                                                                       | - Client<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                 |                                        |
| CLIENT STEPS                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                                                                                                                                                                         | FEES TO BE PAID                                                                                    | PROCESSING TIME | PERSON RESPONSIBLE                     |
| 1. Submit the requirements to the Office of the City Agriculturist / FITS Center.                                                                                                                                                                                               | 1. Receive the requirements.                                                                                                                                                                                          | None                                                                                               | 5 minutes       | Receiving Clerk                        |
| 1.1 Sign in the Registry Logbook.                                                                                                                                                                                                                                               | 1.1 Request the client to sign in the Registry Logbook.                                                                                                                                                               | None                                                                                               | 5 minutes       | Receiving Clerk                        |
| <i>For IEC materials,</i><br>1.2 Receive available informative materials.                                                                                                                                                                                                       | 1.2 Provide available printed IEC materials relevant to the request.                                                                                                                                                  | None                                                                                               | 5 minutes       | Admin Staff / Agricultural Technician  |
| <i>For Agricultural Research:</i><br>1.2 Receive the desired information by taking notes.                                                                                                                                                                                       | 1.2 Provide the needed information.                                                                                                                                                                                   | None                                                                                               | 10 minutes      | Agricultural Technician / Technologist |

|                                                                                    |                                    |             |                                                                    |                                                |
|------------------------------------------------------------------------------------|------------------------------------|-------------|--------------------------------------------------------------------|------------------------------------------------|
| <i>For Agricultural Research:</i><br>2. Secure letter of referral, if so required. | 2. Prepare the letter of referral. | None        | 15 minutes                                                         | Administrative Officer                         |
| 2.1 None                                                                           | 2.1 Review and sign the letter.    | None        | 5 minutes                                                          | City Agriculturist / Authorized Representative |
| 2.2 Receive the referral letter.                                                   | 2.2 Issue the referral letter.     | None        | 1 minute                                                           | Releasing Clerk                                |
|                                                                                    | <b>TOTAL:</b>                      | <b>None</b> | <b>15 minutes for IEC<br/>41 minutes for Agricultural Research</b> |                                                |

## 4. PROVISION OF INFORMATION TO QUERIES

The Office of the City Agriculturist (OCAg) and its field offices provide assistance to the public through walk-in visits, phone inquiries, written correspondence, and queries received via social media platforms on agriculture and related concerns.

### OCAg FIELD OFFICES / Locations

1. Farmers' Information and Technology Services (FITS) Center / Sitio Boso-Boso, Brgy. San Jose, Antipolo City
2. Pantay Field/Farmers Center / Sitio Gipit, Brgy. San Jose, Antipolo City
3. City Plant Nursery / Payaguan Sitio Kaysakat, Brgy. San Jose, Antipolo City

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b> | OFFICE OF THE CITY AGRICULTURIST<br>MAIN OFFICE AND FIELD OFFICES                               |
| <b>CLASSIFICATION:</b>       | Simple                                                                                          |
| <b>TYPES OF TRANSACTION:</b> | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |
| <b>WHO MAY AVAIL:</b>        | All                                                                                             |

### FOR WALK-IN, PHONE-IN, AND INQUIRIES THROUGH SOCIAL MEDIA PAGE:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                   |                                                                                                                    | WHERE TO SECURE |                 |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------------------|
| None                                                                                                                                                                                                        |                                                                                                                    | -               |                 |                                                                   |
| CLIENT STEPS                                                                                                                                                                                                | AGENCY ACTION                                                                                                      | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                |
| 1. Proceed to the Office of the City Agriculturist (OCAg) / call 8689-4579 / send a message to the official Facebook Page of the office: Antipolo Agriculture – Farmers Information and Technology Services | 1. Give the Registry Logbook to the client to sign / answer the call / view the query.                             | None            | 5 minutes       | Receiving Clerk/<br>Administrative Aide                           |
| <i>For walk-in clients:</i><br>1.1 Sign in the Registry Logbook.                                                                                                                                            | 1.1 Check inquiries and endorse the client to OCAg staff concerned.                                                | None            | 15 minutes      | Receiving Clerk/<br>Administrative Aide                           |
| <i>For phone-in and social media queries:</i><br>1.1 Convey message/ queries.<br><br>1.2 Get the desired information.                                                                                       | 1.2 Provide answer to client query<br><br>1.1 Acknowledge the queries.<br><br>1.2 Provide the desired information. | None            | 10 minutes      | Administrative Staff/<br>Agricultural Technologist/<br>Technician |

|  |               |             |                                                                                          |  |
|--|---------------|-------------|------------------------------------------------------------------------------------------|--|
|  |               |             |                                                                                          |  |
|  | <b>TOTAL:</b> | <b>None</b> | <b>20 minutes for walk-in clients<br/>15 minutes for phone call / social media query</b> |  |

**FOR EMAIL / WRITTEN INQUIRIES:**

| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                    |                                                                                                                                     | <b>WHERE TO SECURE</b>                                                                             |                        |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------|
| 1. Letter of inquiry addressed to the City Mayor thru the City Agriculturist with contact information written such as mobile number, telephone number, mailing address and or e-mail address – Original and 1 photocopy<br><br>2. Any valid government-issued ID card – 1 photocopy |                                                                                                                                     | - Client<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO. Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                        |                                                                    |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                 | <b>AGENCY ACTION</b>                                                                                                                | <b>FEES TO BE PAID</b>                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                          |
| 1. Submit the requirements to the Office of the City Agriculturist, or send them by e-mail to <a href="mailto:antipolo.agri@gmail.com">antipolo.agri@gmail.com</a> or <a href="mailto:fits_antipolo@yahoo.com">fits_antipolo@yahoo.com</a> .                                        | 1. Receive the requirements (or acknowledge receipt of the email).                                                                  | None                                                                                               | 10 minutes             | Receiving Clerk/<br>Administrative Aide/<br>Administrative Officer |
| 1.1 Get OCAg contact information for follow-up purposes.                                                                                                                                                                                                                            | 1.1 Provide contact information for feedback purposes.                                                                              | None                                                                                               | 1 hour                 | Receiving Clerk/<br>Administrative Staff                           |
| 1.2 None                                                                                                                                                                                                                                                                            | 1.2 Inform the City Agriculturist and endorse the letter / e-mail to Agricultural Technician / Technologist for appropriate action. | None                                                                                               | 1 day                  | Receiving Clerk/<br>Administrative Staff                           |
| 2. None                                                                                                                                                                                                                                                                             | 2. Prepare a letter of reply and information on the request and endorse it to the City Agriculturist for approval.                  | None                                                                                               | 1 day                  | Agricultural Technician/<br>Technologist                           |
| 2.1 None                                                                                                                                                                                                                                                                            | 2.1 Review and approve the letter of reply.                                                                                         | None                                                                                               |                        | City Agriculturist /<br>Authorized Representative                  |

|                                              |                                                                                                                            |             |                                     |                                                          |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|----------------------------------------------------------|
| 2.2 Acknowledge receipt of the letter reply. | 2.2 Contact the client (for pick-up) or send reply letter by e-mail and have them acknowledge the receipt of the document. | None        |                                     | Agricultural Technician/<br>Technologist/<br>Admin Staff |
|                                              | <b>TOTAL:</b>                                                                                                              | <b>None</b> | <b>2 days 1 hour and 10 minutes</b> |                                                          |

## 5. ASSISTANCE IN REGISTRY SYSTEM FOR BASIC SECTORS IN AGRICULTURE (RSBSA) ENROLLMENT

The Office of the City Agriculturist assists farmers in enrolling in the Registry System for Basic Sectors in Agriculture (RSBSA), a national database of legitimate farmers eligible for government agricultural programs and services. This process involves interviewing farmers, validating their farms, and ensuring all required information is accurate. Once validated, the office forwards the enrollment applications to the Department of Agriculture for processing. This service aims to provide farmers access to various government support programs.

|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                     |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                         | OFFICE OF THE CITY AGRICULTURIST / AGRICULTURAL<br>EXTENSION DIVISION AND RESEARCH AND DEVELOPMENT<br>DIVISION                                                                                                                                                                                                                                                                     |                                    |                                                     |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                               | Complex                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                     |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                     | G2C – Government to Citizen                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                     |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                | Verified farmers of Antipolo City                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                     |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                    |                                    | <b>WHERE TO SECURE</b>                              |                               |
| 1. Fully accomplished RSBSA Form<br>2. Barangay Certificate/ Certificate of Ownership<br>3. 1pc. 2x2 picture<br>4. Photocopy of any Non-expired Government ID<br>attached with 3 signature specimens |                                                                                                                                                                                                                                                                                                                                                                                    |                                    | OCAg staff<br>Barangay Hall<br><br>Client<br>Client |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                               | <b>FEES<br/>TO<br/>BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b>                          | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the complete set<br>of requirements to the<br>office and answer RSBSA<br>related questions by<br>OCAg.<br><br>1.2 None                                                                     | 1. Check and receive<br>the requirements.<br>Interview the farmer on<br>RSBSA related<br>questions. Verify the<br>farm area.<br><br>1.2. Endorse the<br>RSBSA Form for<br>signature of the City<br>Agriculturist, City<br>Agriculture and<br>Fisheries Council<br>President, and<br>Barangay Captain/City<br>Veterenarian.<br><br>1.3 Encode the RSBSA<br>in the transmittal sheet | None                               | 2 days                                              | OCAg Technical<br>Staff       |



|                                                                                                                             |                                                                                                                                                                     |             |                                                                 |                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|---------------------------------|
| 2. Receive the RSBSA Enrolment Clients Copy                                                                                 | 2. Provide the RSBSA Enrolment Clients Copy                                                                                                                         | None        | 1 day                                                           | OCAg Technical Staff            |
| 2. None                                                                                                                     | 2. Check and submit documents to Department of Agriculture – Agricultural Production Coordinating Office for endorsement to Department of Agriculture Region IV- A. | None        | 1 day                                                           | OCAg Admin staff                |
| 3. Wait for the issuance of Farmers and Fisherfolk Registry System (FFRS) number generated by the Department of Agriculture | 3. Follow-up with the Department of Agriculture on the FFRS number issuance and check the RSBSA System                                                              | None        | (Refer to the processing time of the Department of Agriculture) | Department of Agriculture Staff |
| 4. Take note of the FFRS number.                                                                                            | 4. Upon issuance of the FFRS number, notify the client of their successful registration and provide them with their FFRS number through a phone call or farm visit. | None        | 1 day                                                           | OCAg Technical Staff            |
|                                                                                                                             | <b>TOTAL:</b>                                                                                                                                                       | <b>None</b> | <b>5 days</b>                                                   |                                 |

\*Excluding the processing time of the Department of Agriculture

## 6. ASSISTANCE IN FREE CROP INSURANCE APPLICATION

The Office of the City Agriculturist facilitates the application for crop insurance under the Philippine Crop Insurance Corporation (PCIC) for farmers registered in the RSBSA. Farms with a maximum of 2.0 hectares and fish farms with a maximum of 2,500 sqm can avail the free crop insurance. This service includes conducting interviews with farmers to verify their farm areas and assisting them in completing the necessary requirements. By availing of this crop insurance, farmers are provided with financial protection against losses due to natural calamities, pests, and plant diseases, ensuring agricultural sustainability and productivity.

|                                                                       |                                                                                                             |                                    |                                                                                                   |                                              |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                          | OFFICE OF THE CITY AGRICULTURIST / AGRICULTURAL EXTENSION<br>DIVISION AND RESEARCH AND DEVELOPMENT DIVISION |                                    |                                                                                                   |                                              |
| <b>CLASSIFICATION:</b>                                                | Highly technical                                                                                            |                                    |                                                                                                   |                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                      | G2C – Government to Citizen<br>G2G – Government to Government                                               |                                    |                                                                                                   |                                              |
| <b>WHO MAY AVAIL:</b>                                                 | Verified farmers of Antipolo City                                                                           |                                    |                                                                                                   |                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                      |                                                                                                             | <b>WHERE TO SECURE</b>             |                                                                                                   |                                              |
| 1. FFRS Number or LGU Reference Code<br>2. Complete set of PCIC forms |                                                                                                             | OCAg staff<br>OCAg staff           |                                                                                                   |                                              |
| <b>CLIENT STEPS</b>                                                   | <b>AGENCY ACTION</b>                                                                                        | <b>FEES<br/>TO<br/>BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b>                                                                        | <b>PERSON<br/>RESPONSIBLE</b>                |
| 1. Submit the requirements for PCIC Application to the OCAg           | 1. Review and receive the requirements. Search for the client's FFRS number or LGU Code.                    | None                               | 1 hour                                                                                            | OCAg Technical Staff                         |
| 2. None                                                               | 2. Submit the documents to PCIC via email.                                                                  | None                               | 1 day                                                                                             | OCAg Technical Staff<br>PCIC Technical Staff |
| 3. None                                                               | 3. Inform the client that the document is endorsed to PCIC through phone call or farm visit.                | None                               | 1 day for farm visit<br><br>10 minutes for phone calls                                            | OCAg Technical Staff                         |
|                                                                       | <b>TOTAL:</b>                                                                                               | <b>None</b>                        | <b>2 days and 1 hour for farm visit</b><br><br><b>1 day 1 hour and 10 minutes for phone calls</b> |                                              |



# **City Disaster Risk Reduction and Management Office**

## **External Services**



## 1. REQUEST FOR INSPECTION AND TRAINING FOR HOMEOWNERS' ASSOCIATION

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) conducts site inspections and provides risk assessment reports to Homeowners Associations (HOAs) upon request. This initiative aims to evaluate land susceptibility to both natural and human-induced disasters, ensuring a safer and more resilient residential environment.

As part of the service, ACDRRMO issues certificates of inspection to HOAs that undergo the assessment process. Additionally, training sessions on disaster preparedness, emergency response, and risk reduction strategies may be conducted to equip residents with essential knowledge and skills for disaster resilience.

Through this program, ACDRRMO supports HOAs in establishing safer housing programs and fostering a proactive approach to disaster risk management within their communities.

|                              |                                                                                                                    |
|------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Early Warning Section and Administrative and Training Section |
| <b>CLASSIFICATION:</b>       | Simple                                                                                                             |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen                                                                                        |
| <b>WHO MAY AVAIL:</b>        | Homeowner's Association                                                                                            |

| CHECKLIST OF REQUIREMENTS                                                                              | WHERE TO SECURE         |
|--------------------------------------------------------------------------------------------------------|-------------------------|
| 1. 1 pc. original Letter of Request addressed to the City Mayor, through the CDRRMO<br>1.1. The letter | Client                  |
| 2. Fully accomplished Request Form                                                                     | CDRRMO                  |
| 3. 1 pc. Photocopy of the subdivision plan - waterways-drainage (for Homeowner's Association)          | Homeowner's Association |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                      |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------------------------------------------|
| 1. Submit Letter of Request to the Office of the City Mayor | 1.1. Review the completeness of the submitted Letter of Request and supporting documents. Assign a Reference Number for client follow-ups. | None            | 5 minutes       | Action Officer<br>(Office of the City Mayor - Incoming) |

| CLIENT STEPS                                                                                                                   | AGENCY ACTION                                                                                                                                                                                                                          | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                               |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------------------------------------------|
| 2. Fill-out the request form and submit a copy of the receiving document (letter of request) and other documents to the CDRRMO | 2.1. Review and check the submitted documents<br><br>2.1.1 Incomplete - Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.<br><br>2.1.2. Complete - Proceed with the process. | None            | 1 minute        | Action Officer (CDRRMO - Administrative Section - Incoming)                      |
|                                                                                                                                | 2.2. Forward the Request to the Early Warning / Training Division                                                                                                                                                                      | None            | 2 minutes       | Action Officer (CDRRMO - Administrative and Training Section / Training Officer) |
|                                                                                                                                | 2.3. Determine and finalize the schedule based on the request.                                                                                                                                                                         | None            | 2 minutes       | Action Officer (CDRRMO - Administrative and Training Section / Training Officer) |
| 3. Receive call or text message about the schedule of inspection                                                               | 3.1. Call or send a text message to notify the client about the inspection and training schedule.                                                                                                                                      | None            | 2 minutes       | Action Officer (CDRRMO - Administrative and Training Section / Training Officer) |
| 4. Attend the training and sign on the list of attendees                                                                       | 4.1. Conduct the inspection and training on the scheduled date then submit the list of training attendees to the Early Warning Section for record-keeping.                                                                             | None            | 4 hours         | Action Officer (CDRRMO - Administrative and Training Section / Training Officer) |
|                                                                                                                                |                                                                                                                                                                                                                                        |                 |                 |                                                                                  |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME           | PERSON RESPONSIBLE                                                                                         |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|------------------------------------------------------------------------------------------------------------|
|                                                             | 4.3. Prepare the following based on the findings: <ul style="list-style-type: none"> <li>• Inspection Report</li> <li>• Land Susceptibility Report</li> <li>• Landslide / Flood-Free Certificate</li> <li>• Training Certificate</li> </ul> | None            | 1 hour                    | Action Officer (Administrative and Training Section / Training Officer and Operations and Warning Section) |
|                                                             | 4.4. Review and approve inspection report findings                                                                                                                                                                                          | None            | 1 hour                    | LDRRMO                                                                                                     |
| 5. Receive / secure Inspection Report / Land Susceptibility | 5.1. Issue / release the Inspection Report / Land Susceptibility / Flood Free Certificate / Training Certificate                                                                                                                            | None            | 3 minutes                 | Action Officer (Administrative and Training Section / Training Officer and Operations and Warning Section) |
| <b>TOTAL</b>                                                |                                                                                                                                                                                                                                             | <b>None</b>     | <b>6 Hours 15 minutes</b> |                                                                                                            |

## 2. REQUEST FOR AMBULANCE SERVICES - MEDICAL ASSISTANCE / PATIENT TRANSFER (WALK-IN ONLINE)

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) provides ambulance services for medical assistance and patient transfer upon request. This service is available to individuals requiring emergency medical transport, non-emergency patient transfers, or assistance in accessing healthcare facilities within or outside the city.

Requests can be made in person (walk-in) or online, and must include essential details such as the patient's condition, pick-up and drop-off locations, and the urgency of the request. The availability of ambulance services is subject to assessment and priority based on the severity of the case.

ACDRRMO ensures that trained emergency medical personnel accompany patients during transport, providing necessary pre-hospital care and stabilization. This service aims to facilitate safe and efficient patient transfers, ensuring timely access to medical attention and hospital facilities.

|                              |                                                                                               |
|------------------------------|-----------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Operations Section                       |
| <b>CLASSIFICATION:</b>       | Simple                                                                                        |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | All                                                                                           |

| CHECKLIST OF REQUIREMENTS                                                                | WHERE TO SECURE |
|------------------------------------------------------------------------------------------|-----------------|
| 1. 1 pc. original Letter of Request addressed to the City Mayor, through the CDRRMO Head | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                       |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------------------|
| <b>REQUEST THROUGH REQUEST LETTER</b>                       |                                                                                                                                            |                 |                 |                                                          |
| 1. Submit Letter of Request to the Office of the City Mayor | 1.1. Review the completeness of the submitted Letter of Request and supporting documents. Assign a Reference Number for client follow-ups. | None            | 2 minutes       | Action Officer (Office of the City Mayor - Incoming)     |
|                                                             | 1.2. Once approved by the Office of the City Mayor, receive the document and record it into the database.                                  | None            | 2 minutes       | Emergency Operations Center – Manager / Shift Supervisor |
|                                                             | 1.3. Review and check the submitted documents                                                                                              | None            | 3 minutes       | Emergency Operations Center – Manager / Shift Supervisor |

|  |                                                                                                                                                                                                                                                                                                                                                                         |      |           |                                             |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|---------------------------------------------|
|  | <p>1.3.1 Incomplete - Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.</p> <p>1.3.2. Complete - Proceed with the process.</p>                                                                                                                                                                                |      |           |                                             |
|  | <p>2.1. Coordinate with hospitals (Patient Referral System)</p> <p>2.1.1. Identify the appropriate hospital based on the patient's condition and availability of medical services.</p> <p>2.1.2. Communicate with the receiving hospital to confirm acceptance of the patient.</p> <p>2.1.3. Facilitate necessary documentation required for the hospital referral.</p> | None | 5 minutes | Emergency Operations Center – Dispatch Team |
|  | <p>3.1. Schedule and endorse the request to the appropriate Emergency Medical Services Team</p> <ul style="list-style-type: none"> <li>• CDRRMO</li> <li>• Barangay</li> <li>• CSWDO</li> <li>• CHO</li> </ul>                                                                                                                                                          | None | 2 minutes | Emergency Operations Center – Dispatch Team |
|  | <p>4.1. Deploy / dispatch the ambulance and medical team to transport the patient safely.</p> <p>4.1.1. Ensure proper medical care and monitoring during transport.</p>                                                                                                                                                                                                 | None | 4 hours   | Assigned EMS Team to transport patient      |



|                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                     |             |                               |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|----------------------------------------------------------|
|                                                                                                                                                                                              | 4.1.2. Handover the patient to the receiving hospital staff with proper documentation.                                                                                                                                                                                                                                              |             |                               |                                                          |
| <b>REQUEST THROUGH EMERGENCY OPERATION CENTER (EOC)</b>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |             |                               |                                                          |
| 1. Request through the Emergency Operation Center via: <ul style="list-style-type: none"> <li>• Telephone</li> <li>• Cellphone</li> <li>• Social media</li> <li>• Walk-in clients</li> </ul> | 1.1. Gather necessary details from the requester, including: <ul style="list-style-type: none"> <li>• Name of the patient</li> <li>• Location</li> <li>• Nature of the emergency</li> <li>• Contact information of the requester</li> </ul>                                                                                         |             | 10 minutes                    | Emergency Operations Center – Manager / Shift Supervisor |
|                                                                                                                                                                                              | 1.2. Coordinate with hospitals (Patient Referral System) <p>1.2.1. Identify the appropriate hospital based on the patient's condition and hospital availability.</p> <p>1.2.1. Communicate with the hospital to confirm acceptance of the patient.</p> <p>1.2.3. Prepare necessary referral documentation for patient transfer.</p> |             | 5 minutes                     | Emergency Operations Center – Dispatch Team              |
|                                                                                                                                                                                              | 1.3. Deploy / dispatch the ambulance and medical team to transport the patient safely. <p>1.3.1. Ensure proper medical care and monitoring during transport.</p> <p>1.3.2. Handover the patient to the receiving hospital staff with proper documentation.</p>                                                                      |             | 4 hours                       | Emergency Medical Services Team (CDRRMO / Barangay)      |
| <b>TOTAL</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                     | <b>None</b> | <b>4 hours and 15 minutes</b> |                                                          |

\*The total processing time of both modes of request (through letter and EOC) are the same.

### 3. PROVISION OF EMERGENCY MEDICAL SERVICES - RESCUE OPERATIONS FOR TRAUMA CASES (WALK-IN, ONLINE, AND CALL-IN)

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) provides Emergency Medical Services (EMS) and rescue operations for trauma cases, ensuring immediate response to life-threatening situations such as accidents, falls, injuries, and other critical medical emergencies.

Residents can request assistance through walk-in, online, or call-in channels, enabling quick deployment of trained emergency responders equipped with life-saving medical tools. The response team stabilizes patients on-site and facilitates their safe and rapid transport to the nearest medical facility for further treatment.

This service aims to provide timely and effective emergency care, minimizing complications and increasing the chances of survival for trauma patients. ACDRRMO remains committed to safeguarding public health and safety through swift and coordinated emergency response operations.

|                              |                                                                                               |
|------------------------------|-----------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Operations Section                       |
| <b>CLASSIFICATION:</b>       | Simple                                                                                        |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | All                                                                                           |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---------------------------|-----------------|
| None                      | N/A             |

| CLIENT STEPS                                                                                                                                | AGENCY ACTION                                                                                                                                                                                                                       | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------------------------------------------|
| 1. Request assistance via: <ul style="list-style-type: none"> <li>Walk-in</li> <li>Call-in (hotline, cellphone, or social media)</li> </ul> | 1.1. Gather necessary details from the requester, including: <ul style="list-style-type: none"> <li>Name of the patient</li> <li>Location</li> <li>Nature of the emergency</li> <li>Contact information of the requester</li> </ul> | None            | 10 minutes      | Action Officer<br>Emergency Operations Dispatch Team |
|                                                                                                                                             | 1.2. Coordinate with the concerned agency covering the affected area and check available EMS such as:                                                                                                                               | None            | 10 minutes      | Action Officer<br>Emergency Operations Dispatch Team |

| CLIENT STEPS                      | AGENCY ACTION                                                                                                                                                       | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE                                                             |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|--------------------------------------------------------------------------------|
|                                   | <ul style="list-style-type: none"> <li>Barangay Rescue</li> <li>City Health Office</li> <li>Antipolo Rescue</li> <li>Antipolo City Hall Annex 1, 2, 3, 4</li> </ul> |                 |                              |                                                                                |
|                                   | 1.3. Deploy / dispatch assigned EMS Team                                                                                                                            | None            | 2 minutes                    | Action Officer<br>Emergency Operations<br>Dispatch Team                        |
|                                   | 1.4. Proceed to the reported area of incident                                                                                                                       | None            | 15 minutes                   | Action Officer<br>(EMS - CDRMO / Barangay / NGO / Civil Society Organizations) |
| 2. Receive treatment / assistance | 2.1. Conduct initial patient assessment upon arrival to the area / scene<br><br>2.1.1 Provide first aid / humanitarian assistance                                   | None            | 17 minutes                   | Action Officer<br>(Chief of Operations / EMS Team / Nurse)                     |
|                                   | 2.2. Coordinate with hospitals (Patient Referral System)                                                                                                            | None            | 5 minutes                    | Action Officer<br>(Emergency Medical Technician / Nurse)                       |
|                                   | 2.3. Transport the patient to the nearest hospital / medical facility                                                                                               | None            | 15 minutes                   | Action Officer<br>(EMS - CDRMO / Barangay / NGO / Civil Society Organizations) |
|                                   | 2.4. Endorse the patient to the hospital's doctor on duty or social worker for immediate medical attention and necessary assistance.                                | None            | 10 minutes                   | Action Officer<br>(EMS - CDRMO / Barangay / NGO / Civil Society Organizations) |
| <b>TOTAL</b>                      |                                                                                                                                                                     | <b>None</b>     | <b>1 hour and 29 minutes</b> |                                                                                |

#### 4 . PROVISION OF DISASTER RISK REDUCTION AND MANAGEMENT DOCUMENTS / INFORMATIONAL MATERIALS (WALK-IN AND ONLINE)

The Antipolo City Disaster Risk Reduction and Management Office (ACDRMO) provides disaster risk reduction and management (DRRM) documents and informational materials to individuals, organizations, and communities seeking guidance on disaster preparedness, response, mitigation, and research purposes.

These materials include risk assessment reports, emergency preparedness guides, evacuation plans, safety protocols, and other DRRM-related documents. Requesting parties may obtain these resources through walk-in or online requests, subject to availability and approval. By providing accessible and reliable disaster-related information, ACDRMO aims to enhance community awareness and preparedness, empowering residents to take proactive measures in reducing risks and ensuring safety during emergencies.

|                              |                                                                                    |
|------------------------------|------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Research and Planning Section |
| <b>CLASSIFICATION:</b>       | Simple                                                                             |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2G - Government to Government                      |
| <b>WHO MAY AVAIL:</b>        | All                                                                                |

| CHECKLIST OF REQUIREMENTS                                                               | WHERE TO SECURE |
|-----------------------------------------------------------------------------------------|-----------------|
| 1. 1 pc. original Letter of Request addressed to the City Mayor, through the CDRMO Head | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                            |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------------------------------|
| <b>FOR WALK-IN</b>                                          |                                                                                                                                                               |                 |                 |                                                                               |
| 1. Submit Letter of Request to the Office of the City Mayor | 1.1. Review the completeness of the submitted Letter of Request and supporting documents. Assign a Reference Number for client follow-ups.                    | None            | 5 minutes       | Action Officer (Office of the City Mayor - Incoming)                          |
|                                                             | 1.2. Review and check the submitted documents<br><br>1.2.1 Incomplete - Inform the requesting party through call or email of any deficiency and enumerate the | None            | 2 minutes       | Action Officer (CDRMO - Training Section / Administrative Section - Incoming) |

|                                                                                                                                                             |                                                                          |             |                   |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------|-------------------|-------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                             | missing requirements.<br><br>1.2.2. Complete - Proceed with the process. |             |                   |                                                                                                                   |
|                                                                                                                                                             | 1.3. Forward the Request to the concerned Section                        | None        | 2 minutes         | Action Officer CDRRMO – Concerned Sections (Admin and Training, Operations and Warning and Research and Planning) |
|                                                                                                                                                             | 1.4. Prepare the documents / materials requested                         |             | 20 minutes        |                                                                                                                   |
| 2. Receive requested documents / materials / information                                                                                                    | 2.1. Release requested documents / materials / information               | None        | 2 minutes         |                                                                                                                   |
| <b>TOTAL</b>                                                                                                                                                |                                                                          | <b>None</b> | <b>31 minutes</b> |                                                                                                                   |
| <b>FOR ONLINE (EMAIL)</b>                                                                                                                                   |                                                                          |             |                   |                                                                                                                   |
| 1. Submit request via email<br><ul style="list-style-type: none"> <li>• cdrrmoantip olocity1@gmail.com</li> <li>• cdrrmoantip olorandp@gmail.com</li> </ul> | 1.1. Acknowledge receipt of the email.                                   |             | 2 minutes         | Action Officer (CDRRMO - Research and Planning Section / Administrative Section)                                  |
|                                                                                                                                                             | 1.2. Prepare the requested research documents                            |             | 20 minutes        |                                                                                                                   |
| 2. Receive requested documents / materials / information                                                                                                    | 2.1. Send requested documents / materials / information via email        | None        | 8 minutes         |                                                                                                                   |
| <b>TOTAL</b>                                                                                                                                                |                                                                          | <b>None</b> | <b>30 minutes</b> |                                                                                                                   |

#### 4. PROVISION OF DISASTER RISK REDUCTION AND MANAGEMENT TRAINING

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) provides Disaster Risk Reduction and Management (DRRM) training to individuals, organizations, schools, and businesses, aiming to capacitate Antipoleños to be disaster-prepared and resilient. These training sessions equip participants with essential knowledge and skills to effectively respond to and mitigate the impact of disasters and emergencies.

ACDRRMO conducts various training programs covering first aid and basic life support, basic water and safety and rescue training for resorts, earthquake symposiums, and many more. Through interactive discussions, simulations, and hands-on exercises, participants gain practical experience in handling emergencies and implementing disaster preparedness measures.

Training requests can be made through a letter of request, subject to scheduling and resource availability. By providing these capacity-building programs, ACDRRMO ensures that Antipolo residents and organizations are well-prepared to protect lives and properties, fostering a safer and more resilient community.

|                              |                                                                                               |
|------------------------------|-----------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Administrative and Training Section      |
| <b>CLASSIFICATION:</b>       | Simple                                                                                        |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | All                                                                                           |

| CHECKLIST OF REQUIREMENTS                                                 | WHERE TO SECURE |
|---------------------------------------------------------------------------|-----------------|
| 1. Letter of Request addressed to the City Mayor, through the CDRRMO Head | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                             |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------------------------------------------------------------------|
| <b>FOR WALK-IN</b>                                          |                                                                                                                                            |                 |                 |                                                                                |
| 1. Submit Letter of Request to the Office of the City Mayor | 1.1. Review the completeness of the submitted Letter of Request and supporting documents. Assign a Reference Number for client follow-ups. | None            | 2 minutes       | Action Officer (Office of the City Mayor - Incoming)                           |
|                                                             | 1.2. Once approved by the Office of the City Mayor, receive the document and encode it into the database.                                  | None            | 2 minutes       | Action Officer (CDRRMO - Training Section / Administrative Section - Incoming) |

|                                                                           |                                                                                                                                                                                                                                               |             |                             |                                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|---------------------------------------------------------------------|
|                                                                           | <p>1.3. Review and check the submitted documents</p> <p>1.3.1 Incomplete - Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.</p> <p>1.3.2. Complete - Proceed with the process.</p> | None        | 2 minutes                   | Action Officer (CDRRMO - Training Section / Administrative Section) |
|                                                                           | 1.4. Forward the Request to the Training Division                                                                                                                                                                                             | None        | 2 minutes                   | Action Officer (CDRRMO - Training Section / Administrative Section) |
|                                                                           | 1.5. Prepare the schedule of the training and coordinate with the client                                                                                                                                                                      | None        | 5 minutes                   | Action Officer (CDRRMO - Training Section / Training Officer)       |
| 2. Attend and participate in the training                                 | 2.1. Conduct training on the scheduled date                                                                                                                                                                                                   | None        | 1 day                       |                                                                     |
| 3. Sign in the Releasing Log Book and receive the Certificate of Training | 3.1. Request the client to sign on the Releasing Logbook and issue a Certificate of Training                                                                                                                                                  | None        | 3 minutes                   |                                                                     |
| <b>TOTAL</b>                                                              |                                                                                                                                                                                                                                               | <b>None</b> | <b>1 day and 16 minutes</b> |                                                                     |

| LIST OF AVAILABLE TRAININGS / SEMINARS |                                                                 |
|----------------------------------------|-----------------------------------------------------------------|
| 1                                      | Disaster Preparedness Seminar                                   |
| 2                                      | Basic Water and Safety and Rescue Training for Resorts          |
| 3                                      | Basic Life Support (BLS), First Aid, BERC, Ambulance Operation  |
| 4                                      | Symposium (The Big One Module)                                  |
| 5                                      | Disaster Management Seminar                                     |
| 6                                      | Family Disaster Preparedness and Awareness Seminar              |
| 7                                      | Community-Based Disaster Risk Reduction and Management Training |
| 8                                      | DRRM-related Drills                                             |
| 9                                      | Other DRRM-related trainings / seminars                         |

## 5. REQUEST FOR VIEWING AND/OR A COPY OF CLOSED-CIRCUIT TELEVISION (CCTV) FOOTAGE

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) facilitates requests for the viewing and/or reproduction of Closed-Circuit Television (CCTV) footage to assist individuals, organizations, or authorities in investigations, security monitoring, or other legitimate purposes.

To request CCTV footage, applicants must submit a fully accomplished CCTV Request Form. Requests are subject to review, availability, and approval, ensuring compliance with data privacy and security protocols. ACDRRMO upholds strict confidentiality in handling CCTV footage to protect the privacy and security of all individuals involved.

|                              |                                                                                                                         |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Operation and Warning Section - Emergency Operations Center (EOC*) |
| <b>CLASSIFICATION:</b>       | Simple                                                                                                                  |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government                           |
| <b>WHO MAY AVAIL:</b>        | All                                                                                                                     |

| CHECKLIST OF REQUIREMENTS               | WHERE TO SECURE                      |
|-----------------------------------------|--------------------------------------|
| 1. Fully accomplished CCTV Request Form | CDRRMO - Emergency Operations Center |

| CLIENT STEPS                                                                                           | AGENCY ACTION                                                                                                           | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                             |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------------------------------------------------------------------|
| <b>FOR VIEWING THE FOOTAGE</b>                                                                         |                                                                                                                         |                 |                 |                                                                                |
| 1. Fill out the CCTV Request Form and submit it to the Emergency Operations Center (EOC) Staff on duty | 1.1. The on-duty EOC staff will receive the request form.                                                               | None            | 3 minutes       | Action Officer (Office of the City Mayor - Incoming)                           |
|                                                                                                        | 1.2. The on-duty EOC will review the details indicated in the form.                                                     | None            | 5 minutes       | Action Officer (CDRRMO - Training Section / Administrative Section - Incoming) |
|                                                                                                        | 1.3. The EOC staff will verify the CCTV footage** based on the time and date of incident indicated in the request form. | None            | 5 minutes       | Action Officer (EOC -Staff)                                                    |



|                                                   |                                                                                                                                                                                                                                        |             |                                             |                                         |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------|-----------------------------------------|
| 2. View the CCTV footage                          | 2.1. The EOC staff will allow the viewing of the requested CCTV footage to the client.                                                                                                                                                 | None        | 5 minutes                                   | Action Officer (EOC -Staff)             |
| <b>FOR REQUESTING A COPY</b>                      |                                                                                                                                                                                                                                        |             |                                             |                                         |
| 1. Same as Client Step 1 For Viewing CCTV Footage | 1.1. EOC Staff to receive the form.<br><br>1.2. EOC Staff to review the details on the form and the attached documents.<br><br>1.3. EOC Staff to verify CCTV Footage based on time and date of incident indicated in the request form. | None        | 3 minutes<br><br>5 minutes<br><br>5 minutes | Emergency Operations Center (EOC) Staff |
| 2. Receive*** requested CCTV Footage              | 2.1. The EOC staff will provide a copy of the CCTV footage to PNP via USB Flash Drive / CD/ Facebook Messenger                                                                                                                         | None        | 5 minutes                                   | Action Officer (EOC -Staff)             |
| <b>TOTAL</b>                                      |                                                                                                                                                                                                                                        | <b>None</b> | <b>18 minutes</b>                           |                                         |

\*Taking photographs or videos inside the Emergency Operations Center is strictly not allowed.

\*\*All footage provided is NOT for sale, duplication, uploading to any site, or public display.

\*\*\*The release and use of footage are governed by the Data Privacy Act of 2012, ensuring confidentiality and security.

\*\*\*\*The total processing time of both viewing and requesting a copy are the same.

## 6. PROVISION OF EVENT CLEARANCE

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) issues event clearances to individuals, organizations, and businesses planning to hold public gatherings, ensuring compliance with safety and disaster risk reduction protocols. This clearance certifies that the event has undergone proper risk assessment and that necessary safety measures are in place to protect participants and the general public.

To obtain an event clearance, applicants must submit a formal request detailing the event name, date, time, location, expected number of attendees, and safety measures to be implemented. The ACDRRMO will conduct a review and, if necessary, an on-site inspection to evaluate potential risks and recommend safety precautions. Events that meet the required safety standards will be issued a clearance.

Requests for event clearance can be made through walk-in, online, or official correspondence, subject to processing and approval. By ensuring events adhere to disaster preparedness and safety guidelines, ACDRRMO helps create secure and well-managed public gatherings in Antipolo City.

|                              |                                                                                                                         |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Operation and Warning Section - Emergency Operations Center (EOC*) |
| <b>CLASSIFICATION:</b>       | Simple                                                                                                                  |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government                           |
| <b>WHO MAY AVAIL:</b>        | All                                                                                                                     |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WHERE TO SECURE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <p><b>1. Contingency Plan</b> - The plan must include the following information:</p> <p>1.1. <b>Detailed Contingency Plan</b> - Outline emergency response procedures and security measures.</p> <p>1.2. <b>Expected Audience Size</b> – Provide an estimated number of attendees.</p> <p>1.3. <b>Security Personnel</b> – Indicate the number of personnel needed for peace and order, in coordination with:</p> <ul style="list-style-type: none"> <li>Antipolo Police</li> <li>Office of Public Safety and Security (OPSS) Personnel</li> </ul> <p>1.4. <b>Emergency Personnel &amp; Vehicles</b> – Specify the required number of stand-by or on-call emergency personnel and vehicles.</p> <p>1.5. <b>Food &amp; Drinks for City Staff and Personnel</b> – Ensure provisions for staff assigned to the event.</p> <p>1.6. <b>Gate Pass for Security &amp; Emergency Personnel</b> – Secure necessary passes for</p> | Client          |

| CHECKLIST OF REQUIREMENTS                                      | WHERE TO SECURE                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| personnel entering the event premises for security monitoring. |                                                     |
| 2. Barangay Clearance                                          | Barangay where the event / activity will take place |

| CLIENT STEPS                                                                 | AGENCY ACTION                                                                                                                                                                                                                          | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE           |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------------------|
| <b>FOR VIEWING THE FOOTAGE</b>                                               |                                                                                                                                                                                                                                        |                 |                   |                              |
| 1. Submit the detailed Contingency Plan and Barangay Clearance to the CDRRMO | 1.1. The CDRRMO Head will review the detailed Contingency Plan                                                                                                                                                                         | None            | 10 minutes        | Action Officer (CDRRMO Head) |
| 2. Receive the Event Clearance                                               | 2.1 After a thorough review and upon approval, the CDRRMO Head will issue a clearance to the event coordinator / organizer.<br><br>1.2.1. Inform the client to proceed to the City Treasury Office for posting of cash or surety bond. | None            | 5 minutes         | Action Officer (CDRRMO Head) |
| <b>TOTAL</b>                                                                 |                                                                                                                                                                                                                                        | <b>None</b>     | <b>15 minutes</b> |                              |

## 7. HANDLING OF INQUIRIES (WALK-IN, ONLINE, AND PHONE)

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) accommodates inquiries from individuals, organizations, and agencies regarding disaster preparedness, emergency response, and other related services. Inquiries can be made through walk-in visits, online platforms, or phone calls, ensuring accessibility and convenience for all stakeholders.

ACDRRMO personnel are available to provide accurate information, guidance, and assistance on various concerns, including disaster risk reduction training, emergency medical services, rescue operations, event clearances, and CCTV footage requests. The office also offers referrals to relevant agencies when necessary.

By maintaining an efficient and responsive communication system, ACDRRMO ensures that Antipoleños receive timely and reliable information to enhance their awareness, preparedness, and safety in times of emergencies and disasters.

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office                                              |
| <b>CLASSIFICATION:</b>       | Simple - Complex                                                                                |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Businesses<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | All                                                                                             |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                     | WHERE TO SECURE                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>FOR SIMPLE INQUIRIES</b>                                                                                                                                                                                                                   |                                                                                                   |
| None                                                                                                                                                                                                                                          | n/a                                                                                               |
| <b>FOR COMPLEX INQUIRIES</b>                                                                                                                                                                                                                  |                                                                                                   |
| 1. Letter of Request addressed to the City Mayor<br>1.1 The letter should contain the following details:<br>1.1.1 Full name of requestee<br>1.1.1.1. Contact details<br>1.1.1.2. Telephone or mobile number; and/or<br>1.1.1.3. Email address | Client                                                                                            |
| 2. Document/s establishing identification such as printed or photocopied copy of at least one (1) ID card of the requesting individual, party, or representative, as follows:                                                                 | Client                                                                                            |
| ● Philippine Identification (PhilID) or National ID                                                                                                                                                                                           | Philippine Statistics Office (PSA)                                                                |
| ● PWD ID                                                                                                                                                                                                                                      | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| ● Solo Parent ID                                                                                                                                                                                                                              | CSWDO                                                                                             |
| ● Senior Citizen's ID                                                                                                                                                                                                                         | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| ● Company / Office ID                                                                                                                                                                                                                         | Requesting party's company / office                                                               |
| ● School ID                                                                                                                                                                                                                                   | Requesting party's school                                                                         |
| ● Postal ID                                                                                                                                                                                                                                   | PhilPost                                                                                          |

| CHECKLIST OF REQUIREMENTS                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------|--------------------------------------------------------------|
| • Barangay ID                                                             | Barangay where the requesting party resides                  |
| • Police Clearance / Police Clearance Certificate                         | Philippine National Police                                   |
| • NBI Clearance                                                           | National Bureau of Investigation                             |
| • Driver's License / Temporary Driver's License / Student Driver's Permit | Land Transportation Office                                   |
| • Passport                                                                | Department of Foreign Affairs                                |
| • PRC License                                                             | Professional Regulation Commission                           |
| • SSS ID                                                                  | Social Security System                                       |
| • GSIS ID (UMID)                                                          | GSIS                                                         |
| • Voter's ID / Voter's Certification                                      | Commission on Election                                       |
| • BIR / Taxpayer's ID                                                     | Bureau of Internal Revenue                                   |
| • PhilHealth ID                                                           | PhilHealth                                                   |
| • Seaman's Book                                                           | MARINA                                                       |
| • HDMF Transaction Card                                                   | HDMF                                                         |
| • Alien Certificate of Registration Identity Card (ACR I-CARD)            | Bureau of Immigration                                        |
| • CSC Eligibility Card                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                                                                                                    | AGENCY ACTION                                          | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|------------------|-------------------------------------------|
| <b>A. SIMPLE INQUIRIES (WALK-IN, EMAIL, PHONE, AND SOCIAL MEDIA)</b>                                                                            |                                                        |                 |                  |                                           |
| 1. Contact the City Disaster Risk Reduction and Management Office (CDRRMO) via the following channels:<br>1.1 Walk-in<br>1.2 Email<br>1.3 Phone | 1. Answer the inquiry / attend to the client's inquiry | None            | 4 minutes        | Action Officer (CDRRMO Concerned Section) |
| <b>TOTAL</b>                                                                                                                                    |                                                        | <b>None</b>     | <b>4 minutes</b> |                                           |

| CLIENT STEPS                                                                                                | AGENCY ACTION                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                          |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------------|
| <b>B. COMPLEX INQUIRIES VIA WALK-IN</b>                                                                     |                                                                                |                 |                 |                                                             |
| <b>Inform the client to:</b><br><br>1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements  | None            | 5 minutes       | Action Officer (Office of the City Mayor - Receiving)       |
|                                                                                                             | 1.2 Once approved by the Office of the City Mayor, the CDRRMO will receive the | None            | 5 minutes       | Action Officer (CDRRMO - Administrative Section - Incoming) |

| CLIENT STEPS                                   | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                      | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                               |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|--------------------------------------------------|
|                                                | document and encode it into the database.                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                                                  |
|                                                | 1.3 Forward the request to the CDRRMO concerned section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                                                                                                                                                                                                   | none            | 2 minutes             | Action Officer (CDRRMO - Administrative Section) |
|                                                | 1.4 Once verified and approved*, the concerned section provides the client with the necessary information** they have requested.<br><br>1.4.1. Information Not Available at the CDRRMO – If the requested information is not available at the CDRRMO, the client will be informed accordingly. If the information is available in another office, CDRRMO will endorse the client to the appropriate office for further assistance. | None            | 10 minutes - half-day | Action Officer (CDRRMO - Administrative Section) |
| 2. Receive the requested information materials | 2.1. Upon claiming the requested information, the client will be required to sign a receiving copy as proof of acknowledgment.                                                                                                                                                                                                                                                                                                     | None            | 1 - 3 minutes         | Action Officer (CDRRMO - Administrative Section) |
| <b>C. COMPLEX INQUIRIES VIA PHONE</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                                                  |
| 1. Call the CDRRMO hotline                     | 1.1. Inform the client to submit the required documents for processing and request their email address for correspondence.                                                                                                                                                                                                                                                                                                         | None            | 1 minute              | Action Officer (CDRRMO - Administrative Section) |

| CLIENT STEPS                                                                     | AGENCY ACTION                                                                                                                                                                            | FEES TO BE PAID | PROCESSING TIME                                                 | PERSON RESPONSIBLE                                                                                                   |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                  | 1.2. Proceed with Agency Step 1.1 for walk-in clients.                                                                                                                                   | None            | Proceed with Agency Step 1.1 for walk-in clients.               | Proceed with Agency Step 1.1 for walk-in clients.                                                                    |
| 2. Receive the data / information                                                | 2.1. The CDRRMO will notify the client that their request has been received and will send the necessary information via email.                                                           | None            | 1 - 3 minutes                                                   | Action Officer (CDRRMO - Administrative Section)                                                                     |
| <b>D. COMPLEX INQUIRIES VIA ONLINE - EMAIL</b>                                   |                                                                                                                                                                                          |                 |                                                                 |                                                                                                                      |
| 1. Submit an email request to cdrmoantipolo1@gmail.com                           | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number.        | None            | 5 minutes                                                       | Action Officer (CDRRMO - Administrative Section - Email)<br><br>Action Officer (Office of the City Mayor - Incoming) |
|                                                                                  | 1.2. The CDRRMO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                               | None            | 5 minutes                                                       | Action Officer (CDRRMO - Administrative Section - Email)                                                             |
|                                                                                  | 1.3. Same steps as B. Complex Inquiries Walk-in 1.2 onwards.                                                                                                                             | None            | Same as Walk-in 1.2 onwards                                     | Same as Walk-in 1.2 onwards                                                                                          |
| 2. Receive the requested data / information                                      | 2.1. Email the requested data / information and ask the client to acknowledge it in the email as proof of receipt.                                                                       | None            | 1 - 3 minutes                                                   | Action Officer (CDRRMO - Administrative Section - Email)                                                             |
| <b>E. COMPLEX INQUIRIES VIA ONLINE - SOCIAL MEDIA</b>                            |                                                                                                                                                                                          |                 |                                                                 |                                                                                                                      |
| 1. Chat the social media pages<br>0. Antipolo City Gov't<br>1. Jun-Andeng Ynares | 1.1. Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                                                                                     | None            | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                      |
| 2. Receive the data / information                                                | 2.1. The PIO Administrative Section or the Special Concerns and Events will notify the client that their requested data / information will be sent / answered via social media or email. | None            | 1 - 3 minutes                                                   | Action Officer (PIO - Administrative Section - Email or Special Concerns and Events - Social Media)                  |

| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME                   | PERSON RESPONSIBLE                                   |
|--------------|---------------|-----------------|-----------------------------------|------------------------------------------------------|
|              |               |                 |                                   | In coordination with:<br><br>Action Officer (CDRRMO) |
| <b>TOTAL</b> |               | <b>None</b>     | <b>Half-day and 15 minutes***</b> |                                                      |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for responding to the clients varies based on the type / mode of inquiry as well as the complexity of the requested data / information.





# **City Disaster Risk Reduction and Management Office**

## **Internal Services**



## 1. HANDLING OF INQUIRIES (WALK-IN, ONLINE, AND PHONE)

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) accommodates inquiries from individuals, organizations, and agencies regarding disaster preparedness, emergency response, and other related services. Inquiries can be made through walk-in visits, online platforms, or phone calls, ensuring accessibility and convenience for all stakeholders.

ACDRRMO personnel are available to provide accurate information, guidance, and assistance on various concerns, including disaster risk reduction training, emergency medical services, rescue operations, event clearances, and CCTV footage requests. The office also offers referrals to relevant agencies when necessary.

By maintaining an efficient and responsive communication system, ACDRRMO ensures that Antipoleños receive timely and reliable information to enhance their awareness, preparedness, and safety in times of emergencies and disasters.

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office                                              |
| <b>CLASSIFICATION:</b>       | Simple - Complex                                                                                |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Businesses<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | All                                                                                             |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                              | WHERE TO SECURE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>FOR SIMPLE INQUIRIES</b>                                                                                                                                                                                                                                                            |                 |
| None                                                                                                                                                                                                                                                                                   | n/a             |
| <b>FOR COMPLEX INQUIRIES</b>                                                                                                                                                                                                                                                           |                 |
| 1. Letter of Request addressed to the City Mayor<br>1.1. The letter should contain the following details:<br>1.1.1. Full name of requestee<br>1.1.1.1. Contact details <ul style="list-style-type: none"> <li>• Telephone or mobile number; and/or</li> <li>• Email address</li> </ul> | Client          |

| CLIENT STEPS                                                         | AGENCY ACTION                                          | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                        |
|----------------------------------------------------------------------|--------------------------------------------------------|-----------------|-----------------|-------------------------------------------|
| <b>A. SIMPLE INQUIRIES (WALK-IN, EMAIL, PHONE, AND SOCIAL MEDIA)</b> |                                                        |                 |                 |                                           |
| 1. Contact the City Disaster Risk Reduction and Management Office    | 1. Answer the inquiry / attend to the client's inquiry | None            | 1 - 4 minutes   | Action Officer (CDRRMO Concerned Section) |

| CLIENT STEPS                                                                   | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE |
|--------------------------------------------------------------------------------|---------------|-----------------|------------------|--------------------|
| (CDRRMO) via the following channels:<br>1.4 Walk-in<br>1.5 Email<br>1.6. Phone |               |                 |                  |                    |
| <b>TOTAL</b>                                                                   |               | <b>None</b>     | <b>4 minutes</b> |                    |

| CLIENT STEPS                                                                                                | AGENCY ACTION                                                                                                                                                                                                                                                                                                        | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-------------------------------------------------------------|
| <b>B. COMPLEX INQUIRIES VIA WALK-IN</b>                                                                     |                                                                                                                                                                                                                                                                                                                      |                 |                       |                                                             |
| <b>Inform the client to:</b><br><br>1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                                                                                                                                                                        | None            | 5 minutes             | Action Officer (Office of the City Mayor - Receiving)       |
|                                                                                                             | 1.2 Once approved by the Office of the City Mayor, the CDRRMO will receive the document and encode it into the database.                                                                                                                                                                                             | None            | 5 minutes             | Action Officer (CDRRMO - Administrative Section - Incoming) |
|                                                                                                             | 1.3 Forward the request to the CDRRMO concerned section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                                                                                     | none            | 2 minutes             | Action Officer (CDRRMO - Administrative Section)            |
|                                                                                                             | 1.4 Once verified and approved*, the concerned section provides the client with the necessary information** they have requested.<br><br>1.4.1. Information Not Available at the CDRRMO – If the requested information is not available at the CDRRMO, the client will be informed accordingly. If the information is | None            | 10 minutes - half-day | Action Officer (CDRRMO - Administrative Section)            |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME                                   | PERSON RESPONSIBLE                                                                                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                         | available in another office, CDRRMO will endorse the client to the appropriate office for further assistance.                                                                     |                 |                                                   |                                                                                                                      |
| 2. Receive the requested information materials          | 2.1. Upon claiming the requested information, the client will be required to sign a receiving copy as proof of acknowledgment.                                                    | None            | 1 - 3 minutes                                     | Action Officer (CDRRMO - Administrative Section)                                                                     |
| <b>C. COMPLEX INQUIRIES VIA PHONE</b>                   |                                                                                                                                                                                   |                 |                                                   |                                                                                                                      |
| 1. Call the CDRRMO hotline                              | 1.1. Inform the client to submit the required documents for processing and request their email address for correspondence.                                                        | None            | 1 minute                                          | Action Officer (CDRRMO - Administrative Section)                                                                     |
|                                                         | 1.2. Proceed with Agency Step 1.1 for walk-in clients.                                                                                                                            | None            | Proceed with Agency Step 1.1 for walk-in clients. | Proceed with Agency Step 1.1 for walk-in clients.                                                                    |
| 2. Receive the data / information                       | 2.1. The CDRRMO will notify the client that their request has been received and will send the necessary information via email.                                                    | None            | 1 - 3 minutes                                     | Action Officer (CDRRMO - Administrative Section)                                                                     |
| <b>D. COMPLEX INQUIRIES VIA ONLINE - EMAIL</b>          |                                                                                                                                                                                   |                 |                                                   |                                                                                                                      |
| 1. Submit an email request to cdrrmoantipolo1@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number. | None            | 5 minutes                                         | Action Officer (CDRRMO - Administrative Section - Email)<br><br>Action Officer (Office of the City Mayor - Incoming) |
|                                                         | 1.2. The CDRRMO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                        | None            | 5 minutes                                         | Action Officer (CDRRMO - Administrative Section - Email)                                                             |
|                                                         | 1.3. Same steps as B. Complex Inquiries Walk-in 1.2 onwards.                                                                                                                      | None            | Same as Walk-in 1.2 onwards                       | Same as Walk-in 1.2 onwards                                                                                          |

| CLIENT STEPS                                                                     | AGENCY ACTION                                                                                                                                                                            | FEES TO BE PAID | PROCESSING TIME                                                 | PERSON RESPONSIBLE                                                                                                                                              |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Receive the requested data / information                                      | 2.1. Email the requested data / information and ask the client to acknowledge it in the email as proof of receipt.                                                                       | None            | 1 - 3 minutes                                                   | Action Officer (CDRRMO - Administrative Section - Email)                                                                                                        |
| <b>E. COMPLEX INQUIRIES VIA ONLINE - SOCIAL MEDIA</b>                            |                                                                                                                                                                                          |                 |                                                                 |                                                                                                                                                                 |
| 1. Chat the social media pages<br>2. Antipolo City Gov't<br>3. Jun-Andeng Ynares | 1.1. Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                                                                                     | None            | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                                                                 |
| 2. Receive the data / information                                                | 2.1. The PIO Administrative Section or the Special Concerns and Events will notify the client that their requested data / information will be sent / answered via social media or email. | None            | 1 - 3 minutes                                                   | Action Officer (PIO - Administrative Section - Email or Special Concerns and Events - Social Media)<br><br>In coordination with:<br><br>Action Officer (CDRRMO) |
| <b>TOTAL</b>                                                                     |                                                                                                                                                                                          | <b>None</b>     | <b>Half-day and 15 minutes***</b>                               |                                                                                                                                                                 |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for responding to the clients varies based on the type / mode of inquiry as well as the complexity of the requested data / information.

## 2. PROVISION OF DISASTER RISK REDUCTION AND MANAGEMENT DOCUMENTS / INFORMATIONAL MATERIALS (WALK-IN AND ONLINE)

The Antipolo City Disaster Risk Reduction and Management Office (ACDRMO) provides disaster risk reduction and management (DRRM) documents and informational materials to individuals, organizations, communities, and national government agencies, and city government departments and offices, seeking guidance on disaster preparedness, response, mitigation, and for research purposes.

These materials include risk assessment reports, emergency preparedness guides, evacuation plans, safety protocols, and other DRRM-related documents. Requesting parties may obtain these resources through walk-in or online requests, subject to availability and approval.

By providing accessible and reliable disaster-related information, ACDRMO aims to enhance community awareness and preparedness, empowering residents to take proactive measures in reducing risks and ensuring safety during emergencies.

|                              |                                                                                    |
|------------------------------|------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Research and Planning Section |
| <b>CLASSIFICATION:</b>       | Simple                                                                             |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2G - Government to Government                      |
| <b>WHO MAY AVAIL:</b>        | All                                                                                |

| CHECKLIST OF REQUIREMENTS                                                               | WHERE TO SECURE |
|-----------------------------------------------------------------------------------------|-----------------|
| 1. 1 pc. original Letter of Request addressed to the City Mayor, through the CDRMO Head | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                            |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------------------------------|
| <b>FOR WALK-IN</b>                                          |                                                                                                                                                               |                 |                 |                                                                               |
| 1. Submit Letter of Request to the Office of the City Mayor | 1.1. Review the completeness of the submitted Letter of Request and supporting documents. Assign a Reference Number for client follow-ups.                    | None            | 5 minutes       | Action Officer (Office of the City Mayor - Incoming)                          |
|                                                             | 1.2. Review and check the submitted documents<br><br>1.2.1 Incomplete - Inform the requesting party through call or email of any deficiency and enumerate the | None            | 2 minutes       | Action Officer (CDRMO - Training Section / Administrative Section - Incoming) |

|                                                                                                                                                        |                                                                          |             |                   |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------|-------------------|----------------------------------------------------------------------------------|
|                                                                                                                                                        | missing requirements.<br><br>1.2.3. Complete - Proceed with the process. |             |                   |                                                                                  |
|                                                                                                                                                        | 1.3. Forward the Request to the Research and Planning Section            | None        | 2 minutes         | Action Officer (CDRRMO - Training Section / Administrative Section - Incoming)   |
|                                                                                                                                                        | 1.4. Prepare the documents / materials requested                         |             | 20 minutes        | Action Officer (CDRRMO - Research and Planning Section)                          |
| 2. Receive requested documents / materials / information                                                                                               | 2.1. Release requested documents / materials / information               | None        | 2 minutes         | Action Officer (CDRRMO - Research and Planning Section)                          |
| <b>FOR ONLINE (EMAIL)</b>                                                                                                                              |                                                                          |             |                   |                                                                                  |
| 1. Submit request via email <ul style="list-style-type: none"> <li>• cdrrmoantipolocity1@gmail.com</li> <li>• cdrrmoantipolorandp@gmail.com</li> </ul> | 1.1. Acknowledge receipt of the email.                                   |             | 2 minutes         | Action Officer (CDRRMO - Research and Planning Section / Administrative Section) |
|                                                                                                                                                        | 1.2. Prepare the requested research documents                            |             | 20 minutes        | Action Officer (CDRRMO - Research and Planning Section)                          |
| 2. Receive requested documents / materials / information                                                                                               | 2.1. Send requested documents / materials / information via email        | None        | 8 minutes         | Action Officer (CDRRMO - Research and Planning Section)                          |
| <b>TOTAL</b>                                                                                                                                           |                                                                          | <b>None</b> | <b>30 minutes</b> |                                                                                  |

\*The total processing time of both modes of request, walk-in and email, are the same.

### 3. PROVISION OF EMERGENCY MEDICAL SERVICES - RESCUE OPERATIONS FOR TRAUMA CASES (WALK-IN, ONLINE, AND CALL-IN)

The Antipolo City Disaster Risk Reduction and Management Office (ACDRRMO) provides Emergency Medical Services (EMS) and rescue operations for trauma cases, ensuring immediate response to life-threatening situations such as accidents, falls, injuries, and other critical medical emergencies.

Residents can request assistance through walk-in, online, or call-in channels, enabling quick deployment of trained emergency responders equipped with life-saving medical tools. The response team stabilizes patients on-site and facilitates their safe and rapid transport to the nearest medical facility for further treatment.

This service aims to provide timely and effective emergency care, minimizing complications and increasing the chances of survival for trauma patients. ACDRRMO remains committed to safeguarding public health and safety through swift and coordinated emergency response operations.

|                              |                                                                                               |
|------------------------------|-----------------------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | City Disaster Risk Reduction and Management Office - Operations Section                       |
| <b>CLASSIFICATION:</b>       | Simple                                                                                        |
| <b>TYPES OF TRANSACTION:</b> | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government |
| <b>WHO MAY AVAIL:</b>        | All                                                                                           |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---------------------------|-----------------|
| None                      | N/A             |

| CLIENT STEPS                                                                                                                                    | AGENCY ACTION                                                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------------------------|
| 1. Request assistance via: <ul style="list-style-type: none"> <li>• Walk-in</li> <li>• Call-in (hotline, cellphone, or social media)</li> </ul> | 1.1. Gather necessary details from the requester, including: <ul style="list-style-type: none"> <li>• Name of the patient</li> <li>• Location</li> <li>• Nature of the emergency</li> <li>• Contact information of the requester</li> </ul> | None            | 10 minutes      | Action Officer (EOC - Dispatch Team) |
|                                                                                                                                                 | 1.2. Coordinate with the concerned agency covering the affected area and check available EMS such as:                                                                                                                                       | None            | 10 minutes      | Action Officer (EOC - Dispatch Team) |



| CLIENT STEPS                      | AGENCY ACTION                                                                                                                                                       | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE                                                          |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|-----------------------------------------------------------------------------|
|                                   | <ul style="list-style-type: none"> <li>Barangay Rescue</li> <li>City Health Office</li> <li>Antipolo Rescue</li> <li>Antipolo City Hall Annex 1, 2, 3, 4</li> </ul> |                 |                              |                                                                             |
|                                   | 1.3. Deploy / dispatch assigned EMS Team                                                                                                                            | None            | 2 minutes                    | Action Officer (EOC - Dispatch Team)                                        |
|                                   | 1.4. Proceed to the reported area of incident                                                                                                                       | None            | 15 minutes                   | Action Officer (EMS - CDRMO / Barangay / NGO / Civil Society Organizations) |
| 2. Receive treatment / assistance | 2.1. Conduct initial patient assessment upon arrival to the area / scene<br><br>2.1.1 Provide first aid / humanitarian assistance                                   | None            | 17 minutes                   | Action Officer (Chief of Operations / EMS Team / Nurse)                     |
|                                   | 2.2. Coordinate with hospitals (Patient Referral System)                                                                                                            | None            | 5 minutes                    | Action Officer (Emergency Medical Technician / Nurse)                       |
|                                   | 2.3. Transport the patient to the nearest hospital / medical facility                                                                                               | None            | 15 minutes                   | Action Officer (EMS - CDRMO / Barangay / NGO / Civil Society Organizations) |
|                                   | 2.4. Endorse the patient to the hospital's doctor on duty or social worker for immediate medical attention and necessary assistance.                                | None            | 10 minutes                   | Action Officer (EMS - CDRMO / Barangay / NGO / Civil Society Organizations) |
| <b>TOTAL</b>                      |                                                                                                                                                                     | <b>None</b>     | <b>1 hour and 22 minutes</b> |                                                                             |



# **City Budget Office**

## **External Services**



## 1. PROVISION OF TECHNICAL ASSISTANCE IN THE REVIEW OF BARANGAY AND SK BUDGETS

The barangay annual and supplemental budgets are reviewed pursuant to Republic Act (R.A.) No. 7160, otherwise known as the Local Government Code of 1991, its Implementing Rules and Regulations (IRR) and other pertinent laws and issuances by National Government Agencies (NGAs), such as *Department of Budget and Management (DBM)*, *Department of Finance (DOF)*, *Department of the Interior and Local Government (DILG)*, *Commission on Audit (COA)* and others.

The budget review, which is the third phase of budget process that starts upon the receipt of the barangay budget, aims to determine if the budgetary requirements and general limitations provided in the Local Government Code (LGC) of 1991 and other applicable laws are complied with.

The City Budget Office, being one of the key players and member of the City of Antipolo Finance Committee (CAFC), assists the *Sangguniang Panlungsod* in the review and evaluation of barangay budgets and recommends the appropriate action thereon pursuant to Section 333 of the LGC.

The CAFC through the City Budget Office reviews the barangay and SK budgets within sixty (60) days in accordance with the above provision. Monthly status is prepared to monitor the review process of the submitted Barangay and SK Budgets.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------|--|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CITY BUDGET OFFICE<br>FISCAL PLANNING AND REVIEW DIVISION        |                 |  |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Highly Technical                                                 |                 |  |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G2C – Government to Government                                   |                 |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sixteen (16) barangays in Antipolo City; 16 Sangguniang Kabataan |                 |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | WHERE TO SECURE |  |
| 1. For Barangay Annual Budget: <ul style="list-style-type: none"><li>• Barangay Transmittal;</li><li>• Budget Message;</li><li>• Appropriation Ordinance;</li><li>• Barangay Development Plan (BDP);</li><li>• Annual Investment Program (AIP);</li><li>• Barangay Budget Preparation Form (BBPF) Nos. 1 to 4;</li><li>• Barangay Expenditure Program (BEP);</li><li>• <i>Sangguniang Barangay</i> (SB) and Barangay Development Council (BDC) Resolutions;</li><li>• Indicative Annual Procurement Plan; and</li><li>• Other pertinent documents as may be required</li></ul> |                                                                  | - Barangay      |  |
| 2. For Barangay Supplemental Budget: <ul style="list-style-type: none"><li>• Barangay Transmittal;</li><li>• Appropriation Ordinance;</li><li>• Barangay Supplemental Budget Preparation Form Nos. 5 and 6; and</li><li>• Other documents as may be required</li></ul>                                                                                                                                                                                                                                                                                                         |                                                                  | - Barangay      |  |
| 3. For Barangay Realignment: <ul style="list-style-type: none"><li>• Barangay Transmittal;</li><li>• Appropriation Ordinance;</li><li>• Sworn Statement of Savings Available for Realignment; and</li><li>• Other documents as may be required</li></ul>                                                                                                                                                                                                                                                                                                                       |                                                                  | - Barangay      |  |
| 4. For SK Annual Budget: <ul style="list-style-type: none"><li>• SK Transmittal;</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | - Barangay      |  |

| <ul style="list-style-type: none"> <li>Budget Message;</li> <li>SK Resolution approving the Annual Budget;</li> <li>Barangay Certification of Income –SK budget Preparation Form Nos. 1-3</li> <li>Comprehensive Barangay Youth Development Plan (CBYDP) and its SK Resolution (if needed);</li> <li>Annual Barangay Youth Investment Program (ABYIP) and its SK Resolution (if needed) ;</li> <li>Indicative Annual Procurement Plan; and</li> <li>Other documents as may be required</li> </ul> |                                                                                                                                                                               | - Sangguniang Kabataan |                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|------------------------------------------------------|
| <b>5. For SK Supplemental Budget:</b> <ul style="list-style-type: none"> <li>SK Transmittal;</li> <li>SK Resolution approving the Supplemental Budget;</li> <li>Amended CBYDP and its SK Resolution (if needed);</li> <li>Amended ABYIP and its SK Resolution (if needed); and</li> <li>Others as may be required</li> </ul>                                                                                                                                                                      |                                                                                                                                                                               | - Sangguniang Kabataan |                 |                                                      |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AGENCY ACTION                                                                                                                                                                 | FEES TO BE PAID        | PROCESSING TIME | PERSON RESPONSIBLE                                   |
| <b>PART 1 – PRE-EVALUATION, AND REVIEW PROCESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                        |                 |                                                      |
| 1.Submit the requirements to the City Budget Office (CBO).                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. Receive and check the requirements.                                                                                                                                        | None                   | 2-4 hours       | Lucila Pabalan / Esperanza Hsiao                     |
| 1.1 Secure duly received copy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Check completeness of documents<br><br>1.1 Stamp “Received” on the fifteen (15) sets/copies and return to the client his/her receiving copy.                                  | None                   | 60 minutes      | Anna Theresa Lamberte/ Rosalie Encoy/ Mitch Asumbra/ |
| 2. None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. Prepare endorsement letter to the Sangguniang Panlungsod (SP) Secretariat, SP – Committee on Appropriation and four (4) co-CAFC members.                                   | None                   | 60 minutes      | Lucila Pabalan / Esperanza Hsiao                     |
| 2.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2.1 Review and sign the endorsement letter.                                                                                                                                   | None                   | 60 minutes      | Ms. Priscilla R. Padua, OIC-CBO                      |
| 2.2 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2.2 Endorse the barangay/SK budgets to the Chairman-Committee on AppropriationSP Secretariat and offices of the co-CAFC members for review / evaluation / appropriate action. | None                   | 60 minutes      | Lucila Pabalan / Esperanza Hsiao                     |
| 3. None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Check and validate the documentary requirements, consistency of the ordinance with the BBPFs, BEP and other supporting documents.                                          | None                   | 12 days         | Lucila Pabalan/ Esperanza Hsiao                      |
| 3.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>The draft letter cannot be completed without receiving the evaluation of other CAFC members</i>                                                                            |                        |                 |                                                      |

|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                              |                                    |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <p><i>Anticipate feedback from the City Budget Office for necessary adjustment/revision of budget documents.</i></p> | <p>3.1 Follow up, consolidate the review/evaluation, findings and recommendations received from the co-CAFC members and draft a review letter.</p>                                                                                                                                                                                                                                                                                                                                                                               | None | 6 days                                                                                                                                                                                                       | Lucila Pabalan/<br>Esperanza Hsiao |
|                                                                                                                      | <p><i>In case of objection on budget documents, coordinate with barangay/SK concerned for adjustment/revision of budget documents.</i></p> <p><i>Upon submission and checking of the revised documents, prepare 2<sup>nd</sup> endorsement to be signed by the CBO and wait for reevaluation.</i></p> <p><i>If no action is taken by the barangay/SK concerned within the given time, the budget proposal will be returned through a CAFC letter. Submit to Chairman-Committee on Appropriation, for appropriate action.</i></p> | None | <p><i>A certain period is given to the barangay/ SK to revise or make necessary adjustments on the budget. However, the re-submission depends on the number of days of action taken by the barangay.</i></p> | Lucila Pabalan/<br>Esperanza Hsiao |

## PART 2 – POST REVIEW PROCESS

|            |                                                                                                                                   |      |         |                                    |
|------------|-----------------------------------------------------------------------------------------------------------------------------------|------|---------|------------------------------------|
| 4. 4. None | 4. Check and review the barangay/SK budget and its supporting documents.                                                          | None | 15 days | Maria Lourdes C. Porlaje           |
|            | 4.4.1 Check the computation and provide further inputs and corrections of the draft review letter, if needed                      | None |         | Maria Lourdes C. Porlaje           |
|            | 4.4.2 Check the applicable laws and issuances and ensure the integration of the findings and recommendations of the CAFC members. | None |         | Maria Lourdes C. Porlaje           |
|            | 4.4.3 Review, make correction/s, and approve the Review Letter.                                                                   | None |         | Ms. Priscilla R. Padua,<br>OIC-CBO |
|            | 4.4.4 Prepare the final Review Letter in 3 sets.                                                                                  | None |         | Maria Lourdes C. Porlaje           |
|            | 4.4.5 Check and sign the Review Letter.                                                                                           | None |         | Ms. Priscilla R. Padua,<br>OIC-CBO |

|                                                                  |                                                                                                                                                                                       |             |                |                                                                                       |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------------------------------------------------------------------|
|                                                                  | <p>4.4.6 Facilitate the signing of the review letter by the CAFC members.</p> <p>4.4.7 Transmit the duly signed Review Letter to the SP Secretariat for their appropriate action.</p> | None        |                | <p>Lucila Pabalan/<br/>Esperanza Hsiao</p> <p>Lucila Pabalan/<br/>Esperanza Hsiao</p> |
| <b>PART 3 – APPROVAL OF THE BUDGET</b>                           |                                                                                                                                                                                       |             |                |                                                                                       |
| 5. 5. None                                                       | 5.Deliberate, provide Committee Report, and pass an SP Resolution for the approval of the budget.                                                                                     | None        | 23 days        | Sangguniang Panlungsod                                                                |
| 5 . 5.1 None                                                     | 5. 5.1 Furnish the CBO a copy of Certification that the budget was approved                                                                                                           | None        |                | SP Secretariat                                                                        |
| 5. 5.2 None                                                      | 5. 5.2 Endorse the approved budget to City Budget Office for appropriate action.                                                                                                      | None        |                | SP Secretariat                                                                        |
| <b>PART 4 – POST-APPROVAL PROCESS</b>                            |                                                                                                                                                                                       |             |                |                                                                                       |
| 6. 6.None                                                        | 6. 6.Prepare endorsement letter to the Punong Barangay/SK Chairperson, COA Officer and City Accountant.                                                                               | None        | 2 days         | Lucila Pabalan/<br>Esperanza Hsiao                                                    |
| 6. 6.1 None                                                      | 6.1 Sign the endorsement letters.                                                                                                                                                     | None        |                | Ms. Priscilla R.<br>Padua,<br>OIC-CBO                                                 |
| 6. 6.2 Receive the copy of SP Resolution and CAFC Review Letter. | 6.2 Transmit copy of SP Resolution and CAFC Review Letter to the barangay/SK. (Coordinate with the concern Barangay/SK) and returned extra copies of the submitted budget.            | None        |                | Lucila Pabalan/<br>Esperanza Hsiao                                                    |
| 6.6.3 None                                                       | 6.3 Transmit copy of the budget, SP Resolution and CAFC Review Letter to COA and City Accountant.                                                                                     | None        |                | Lucila Pabalan/<br>Esperanza Hsiao                                                    |
|                                                                  | <b>TOTAL:</b>                                                                                                                                                                         | <b>None</b> | <b>60 days</b> |                                                                                       |

## 2. FILING OF COMPLAINT

Clients of the City Budget Office (CBO) may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during their transactions at CBO.

|                                                                                                       |                                                                                                                          |                                |                                                                                                                     |                               |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                          | CITY BUDGET OFFICE<br>All Divisions and Sections                                                                         |                                |                                                                                                                     |                               |
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                                                                   |                                |                                                                                                                     |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                      | G2G – Government to Government                                                                                           |                                |                                                                                                                     |                               |
| <b>WHO MAY AVAIL:</b>                                                                                 | CBO Clients                                                                                                              |                                |                                                                                                                     |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                      |                                                                                                                          |                                | <b>WHERE TO SECURE</b>                                                                                              |                               |
| 1. Duly accomplished Compliant Form – original copy<br>2. Any government issued ID card – 1 photocopy |                                                                                                                          |                                | - CBO Administrative Division<br><br>-BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC or PSA (Phil ID/PSN) |                               |
| <b>CLIENT STEPS</b>                                                                                   | <b>AGENCY ACTION</b>                                                                                                     | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b>                                                                                          | <b>PERSON<br/>RESPONSIBLE</b> |
| 1.Submit the requirements                                                                             | 1. Receive the requirements and verify the nature of the complaint.                                                      | None                           | 4 minutes                                                                                                           |                               |
| 1.1 Proceed to the CBO Division/Section concerned for an interview/dialogue                           | 1.1 Endorsed the complaint to the CBO Division/Section Head concerned.                                                   | None                           | 1 minute                                                                                                            |                               |
| 2.Provide details of the complaint                                                                    | 2. Interview the client and/or conduct dialogue with the CBO staff concerned                                             | None                           | 10 – 20 minutes                                                                                                     |                               |
| 2.1 Obtain the desired resolution of the complaint                                                    | 2.1 Resolve the issues and concerns raised by the client                                                                 | None                           | 5 – 15 minutes                                                                                                      |                               |
| 2.2 None                                                                                              | 2.2 Prepare the minutes of the interview/dialogue to be noted by the CBO Head                                            | None                           | 5 – 10 minutes                                                                                                      |                               |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy                         | 3.Provide the client with a copy of the minutes of the dialogue and ensure that the client has signed the receiving copy | None                           | 5 minutes                                                                                                           |                               |
|                                                                                                       | <b>TOTAL:</b>                                                                                                            | <b>None</b>                    | <b>30 minutes to 55 minutes</b>                                                                                     |                               |



# **City Budget Office**

## **Internal Services**





# 1. PROCESSING OF CERTIFICATION ON APPROPRIATIONS, FUNDS AND OBLIGATION OF ALLOTMENTS (CAFOA)

The City Budget Office (CBO) attends promptly to Project/Program/Activity (PPA) proposals submitted by departments and program offices of the City Government for processing of Certification on Appropriations, Funds and Obligation of Allotments (CAFOA) including the sixteen (16) barangays in Antipolo City.

| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                             | CITY BUDGET OFFICE                                                                                                                                                                                                                                                |                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Simple                                                                                                                                                                                                                                                            |                               |  |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                            | G2G – Government to Government                                                                                                                                                                                                                                    |                               |  |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sixteen (16) barangays of Antipolo City;<br>Departments and program offices of the City Government;<br>Antipolo Institute of Technology (AiTech);<br>Rizal Provincial Hospital System – Annexes 1 and 2;<br>Antipolo City Hospital System – Cabading and Mambugan |                               |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                   | WHERE TO SECURE               |  |
| <b>1. For Personal Services (PS):</b><br>> Disbursement Voucher, Payroll (verified by the CHRMO), DTR, Authorization and Certification (for Overtime Services), Plantilla of Appointment (for newly hired), Service Record (for Loyalty Awardees), SALN, PDS & Oath of Office (Initial Salary), Clearance (Last Salary)                                                                                                                                          |                                                                                                                                                                                                                                                                   | - Department/Office concerned |  |
| <b>2. For Purchases – Supplies, Materials, Equipment:</b><br>> Disbursement Voucher, IAR/ARE (for equipment), Purchase Request/Purchase Order (numbered, dated and signed), Canvass Sheet, Abstract of Canvass, Request for Quotation, Sales Invoice, Official Receipt (for bidded/reimbursement), Justification on emergency purchase (for reimbursement), PhilGEPS Award Notice Abstract/ Certification/Invitation                                             |                                                                                                                                                                                                                                                                   | - Department/Office concerned |  |
| <b>3. For Gasoline:</b><br>> Disbursement Voucher, Statement of Account, Duly accomplished/signed trip tickets, GSO certification<br>> For reimbursement – additional requirements - Purchase Request (approved) Official Receipt, Justification of emergency purchase/exceeded in the monthly allowable allocation                                                                                                                                              |                                                                                                                                                                                                                                                                   | - Department/Office concerned |  |
| <b>4.For Repair and Maintenance of Motor Vehicles/Office Equipment:</b><br>> Disbursement Voucher, IAR, Sales Invoice, Canvass Sheet, Purchase Request/Purchase Order (approved), Pre-inspection report, Certificate of Necessity of Repair, Abstract of Canvass, Request for Quotation, Report of Waste Materials, Certificate of Repair, Post-inspection report, Official Receipt (for reimbursement), PhilGEPS Award Notice Abstract/Certification/Bid Notice |                                                                                                                                                                                                                                                                   | - Department/Office concerned |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                         |
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| <p><b>5. For Cash Advance (CA)/Traveling /Training Expenses:</b><br/> &gt; Disbursement Voucher, Invitation, Authority to Attend, Itinerary of Travel, Certificate of Appearance, Certificate of Travel Completed, Travel Order/Pass Slip, After Activity Report Completed/Appearance and Official Receipt (for reimbursement), Certificate of No Unliquidated Cash Advance/Previous Cash Advance has been fully liquidated</p> <p><b>6. For Electricity/Water/Telephone Expenses:</b><br/> &gt; Disbursement Voucher, Bill/Statement of Account, Certification (for official business call), Official Receipt (for personal use); justification in the increase of consumption</p> <p><b>7. For Meals/Catering:</b><br/> &gt; Disbursement Voucher, IAR, Purchase Request/Purchase Order (numbered, dated and signed), Canvass Sheet, Abstract of Canvass, Request for Quotation, Sales Invoice/ Official Receipt), Attendance Sheet (original and certified copy), PhilGEPS Award Notice Abstract/Certification/ Invitation, Approved Program of Work, Notarized Contract</p> <p><b>8. For Drugs and Medicines:</b><br/> &gt; Disbursement Voucher, IAR, Purchase Request/Purchase Order (numbered, dated and signed), Canvass Sheet, Abstract of Canvass, Request for Quotation, Sales Invoice/ Official Receipt), PhilGEPS Award Notice Abstract/Certification/Invitation, Certificate of product registration/good manufacturing practice from FDA, Certification from CHO that the Drugs/ Medicines are allowed to purchase as per PNDF</p> <p><b>9. For Emergency Purchase:</b><br/> &gt; Disbursement Voucher, Certificate of emergency purchase/justification, Canvass Sheet, Purchase Request (approved), Official Receipt (for reimbursement)</p> <p><b>10. For Rental of Vehicle:</b><br/> &gt; Disbursement Voucher, Certificate of emergency purchase/justification, Canvass Sheet, Purchase Request/Purchase Order (approved), Official Receipt (for reimbursement), Acceptance and Inspection Report, Contract, copy of LTO registration</p> <p><b>11. For Civil Works:</b><br/> &gt; Disbursement Voucher, Duly signed and notarized contract supported by Notice of Award and Notice to Proceed; Statement of Work Accomplished (SWA); Letter request from contractor for final payment; Certificate of completion; Pictures before and after the construction; Certificate of Availability of Fund (CAF)</p> <p><b>12. General Support Services</b><br/> &gt; Janitorial services – notarized contract; Invoice<br/> &gt; Garbage collection – notarized contract; Accomplishment Report; Certification from CEWMO</p> <p><b>13. For Capital Outlay:</b><br/> &gt; Purchase Request and Program of Work (approved), Duly approved Purchase Order and in cases of bidding, supported by Notice of Award and Notice to Proceed; for IT Equipment – MIS Assessment Report duly approved by the</p> | <p>- Department/Office concerned</p> <p>- Department/Office concerned</p> <p>- Department/Office concerned</p> <p>- Department/Office concerned</p> <p>- Department/Office concerned</p> <p>- Department/Office concerned</p> <p>- Department/Office concerned</p> <p>- Department/Office concerned</p> |
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| City Mayor; for Motor Vehicles – Authority to Purchase, Sales Invoice                                                     |                                                                                                           |                 |                           |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------|---------------------------|-------------------------------------------------------------------------------|
| CLIENT STEPS                                                                                                              | AGENCY ACTION                                                                                             | FEES TO BE PAID | PROCESSING TIME           | PERSON RESPONSIBLE                                                            |
| 1. Submit the requirements to the City Budget Office (CBO).                                                               | 1. Receive the requirements and check as to completeness and return to the client his/her receiving copy. | None            | 5 minutes                 | Anna Theresa Lamberte/<br>Marisol Tatad/<br>Mitch Asumbra/<br>Josephine Giray |
| 1.1 None                                                                                                                  | 1.1 Record the document in the registry and forward the same to CBO Division concerned.                   | None            | 5 minutes                 |                                                                               |
| 2. None                                                                                                                   | 2. Record and check if the amount is covered by existing appropriation.                                   | None            | 20 minutes                | Staff, Budget Operation Division                                              |
|                                                                                                                           | 2.1 Post CAFOA in the Registry of Appropriations, Allotment, Obligations and Balances.                    | None            | 5 minutes                 | Staff, Budget Operation Division                                              |
|                                                                                                                           | 2.2 Assign number and sign the CAFOA.                                                                     | None            | 20 minutes                | Marianne Rocelle Bermudez / Cristan Lacuarta/Evelyn H. Oiguan                 |
|                                                                                                                           | 2.3 Sign the CAFOA.                                                                                       | None            | 20 minutes                | Ms. Priscilla Padua                                                           |
|                                                                                                                           | 2.4 Update pertinent data/information in the Budget Tracking System.                                      | None            | 5 minutes                 | Marianne Rocelle Bermudez/Anna Theresa Lamberte                               |
| 3. Receiving Clerk of the City Treasurer's Office will sign in the CBO's Release Log Book and receive the approved CAFOA. | 3. Request the client to sign in the Release Log Book and release the approved CAFOA and its attachments. | None            | 5 minutes                 | Mitch Asumbra/<br>Cristian Lacuarta                                           |
|                                                                                                                           | <b>TOTAL:</b>                                                                                             | <b>None</b>     | <b>1 hour, 20 minutes</b> |                                                                               |

## 2. PROCESSING OF REQUESTS FOR APPROPRIATE ACTION BY THE CITY BUDGET OFFICE

The City Budget Office (CBO) attends promptly to requests/letters received from the sixteen (16) barangays in Antipolo City as well as the departments and program offices of the City Government.

|                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                        |                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                          | CITY BUDGET OFFICE                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                        |                                                                                                                                                                       |
| <b>CLASSIFICATION:</b>                                                                                                | Complex                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                        |                                                                                                                                                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                      | G2G – Government to Government                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                        |                                                                                                                                                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                 | Sixteen (16) barangays of Antipolo City;<br>Departments and program offices of the City Government;<br>Antipolo Institute of Technology (AiTech);<br>Rizal Provincial Hospital System – Annexes 1 and 2;<br>Antipolo City Hospital System – Cabading and Mambugan                                                                                                                                                           |                                |                                        |                                                                                                                                                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | <b>WHERE TO SECURE</b>                 |                                                                                                                                                                       |
| Approved letter request indicating the following information, among others:<br>a. Contact person<br>b. Contact number |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | - Office of the City Mayor<br>- Client |                                                                                                                                                                       |
| <b>CLIENT STEPS</b>                                                                                                   | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b>             | <b>PERSON<br/>RESPONSIBLE</b>                                                                                                                                         |
| 1. Submit the requirements to the City Budget Office (CBO).<br><br>1.1 None                                           | 1. Receive the requirements and return to the client his/her receiving copy.<br><br>1.1 Record the document in the registry and forward the same to CBO Division concerned.                                                                                                                                                                                                                                                 | None<br><br>None               | 5 minutes                              | Anna Theresa Lamberte/<br>Marisol Tatad/<br>Mitch Asumbra/<br>Josephine Giray/Marianne Rocelle Bermudez<br>Cristan Lacuarta/<br>Evelyn Oiguan/<br>Jennifer Jean Luena |
| 2. None<br><br>2.1 None                                                                                               | 2. Evaluate the request, provide recommendation, and endorse the same to the City Budget Officer for appropriate action/ approval.<br><br>If the request concerns other office, the document will be endorsed accordingly.<br><br>2.1 Approve the request/ advise further action/s to be taken on the request.<br><br>If not provided with appropriation and realignment is needed, request will be returned to the client. | None<br><br>None               | 5 days                                 | Staff, CBO Division concerned<br><br>Jennifer Jean Luena<br><br>Ms. Priscilla Padua<br><br>Staff, Budget Operation Division                                           |

|                                                                                       |                                                                                                                                                             |             |                              |                                                     |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|-----------------------------------------------------|
| 2.2 Anticipate feedback within five (5) working days after request.                   | 2.2 Provide feedback to the client through call/text regarding the status of the request.                                                                   | None        |                              | Staff, Budget<br>Operation Division                 |
| 3. Return to the City Budget Office and receive their letter of reply to the request. | 3 . Request the client to sign in the Release Log Book and issue the document together with the letter of reply indicating the action taken on the request. | None        | 3 minutes                    | Maritess Azuela/<br>Evelyn Oiguan/<br>Marisol Tatad |
|                                                                                       | <b>TOTAL:</b>                                                                                                                                               | <b>None</b> | <b>5 days,<br/>8 minutes</b> |                                                     |



# **Office of the City Civil Registrar**

## **External Services**



## 1. REGISTRATION OF BIRTH (TIMELY)

The recording of the facts and circumstances surrounding the birth of a person in the proper Civil Registry Office where it occurred within thirty (30) days from the time of birth.

|                                                                                                                                          |                                                                                                                                                                                                                     |                                                                                           |                        |                            |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------|----------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                             | Office of the City Civil Registrar, Registration Division,<br>Birth Registration Section                                                                                                                            |                                                                                           |                        |                            |
| <b>CLASSIFICATION:</b>                                                                                                                   | Simple                                                                                                                                                                                                              |                                                                                           |                        |                            |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                         | G2C-Government to Citizen/G2G-Government to Government                                                                                                                                                              |                                                                                           |                        |                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                    | 1.) Hospital or clinic administrator;<br>2.) Attendant at birth;<br>3.) Parent/s of the child; or<br>4.) Driver, captain or pilot, when the birth occurs aboard<br>a vehicle, vessel, or airplane while in transit. |                                                                                           |                        |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                         |                                                                                                                                                                                                                     | <b>WHERE TO SECURE</b>                                                                    |                        |                            |
| Duly accomplished Certificate of Live Birth in quadruplicate (COLB/Form No. 102, revised 2016)                                           |                                                                                                                                                                                                                     | Hospital, Clinic, or Attendant at birth                                                   |                        |                            |
| <i>If parents are married at the time of birth-</i><br>Certificate of Marriage of parents of the child                                   |                                                                                                                                                                                                                     | Philippine Statistics Authority or Civil Registry Office                                  |                        |                            |
| <i>If the child is illegitimate and the father wishes to have his name indicated in the COLB-</i><br>Affidavit of Admission of Paternity |                                                                                                                                                                                                                     | Notary Public/DFA Consular Office                                                         |                        |                            |
| <i>If the child through his/her mother, chooses to use the surname of his/her father-</i><br>Affidavit to Use the Surname of the Father  |                                                                                                                                                                                                                     | Notary Public                                                                             |                        |                            |
| Valid government issued ID card of parent/s (and representative, if applicable) ( <i>present original and photocopy</i> )                |                                                                                                                                                                                                                     | GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, School ID; PhilID/ePhilID |                        |                            |
| Municipal Form No. 102 Attachment for Muslim Filipino or Indigenous People (IP) Form No. 1 for IP, if applicable                         |                                                                                                                                                                                                                     | Hospital, Clinic, Attendant at Birth, or Civil Registry Office                            |                        |                            |
| Authorization letter, if applicable                                                                                                      |                                                                                                                                                                                                                     | Parents of the Child                                                                      |                        |                            |
| <b>CLIENT STEPS</b>                                                                                                                      | <b>AGENCY ACTION</b>                                                                                                                                                                                                | <b>FEES TO BE PAID</b>                                                                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1.) Submit the required documents for initial assessment and verification                                                                | 1.) Receive the required documents and check for completeness and correctness of entries                                                                                                                            | None                                                                                      | 4 minutes              | <i>Administrative Aide</i> |

|                                                                                        |                                                 |                   |           |                                                                           |
|----------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|-----------|---------------------------------------------------------------------------|
|                                                                                        | 1.1) Start processing the application           | None              | 4 minutes | <i>Administrative Aide/<br/>Registration Officer/<br/>Civil Registrar</i> |
| 2.) Sign in the client logbook and claim the duly registered Certificate of Live Birth | 2.) Give the logbook to the client              | None              | 1 minute  | <i>Administrative Aide</i>                                                |
|                                                                                        | 2.1) Issue registered Certificate of Live Birth | None              | 1 minute  | <i>Administrative Aide</i>                                                |
| <b>TOTAL FEES TO BE PAID</b>                                                           |                                                 | <b>NONE</b>       |           |                                                                           |
| <b>TOTAL PROCESSING TIME</b>                                                           |                                                 | <b>10 MINUTES</b> |           |                                                                           |



## 2. REGISTRATION OF BIRTH (DELAYED)

The recording of the facts and circumstances surrounding the birth of a person in the proper Civil Registry Office where it occurred beyond the thirty (30) day reglementary period.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Office of the City Civil Registrar, Registration Division, Birth Registration Section                                                                                                                                                                                        |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Simple [Rule 13 AO 1 s 1993 (IRR Act No. 3753)]                                                                                                                                                                                                                              |                                                                                                                                                                                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G2C-Government to Citizen/G2G-Government to Government                                                                                                                                                                                                                       |                                                                                                                                                                                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.) Hospital or clinic administrator;<br>2.) Attendant at birth;<br>3.) Parent/s of the child;<br>4.) Child her/himself, if eighteen (18) years old and above; or<br>Driver, captain or pilot, when the birth occurs aboard a vehicle, vessel, or airplane while in transit. |                                                                                                                                                                                                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | WHERE TO SECURE                                                                                                                                                                                       |
| Duly accomplished Certificate of Live Birth in quadruplicate (COLB/Form No. 102, revised 2016)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              | Hospital, Clinic, or Attendant at birth                                                                                                                                                               |
| <i>For child one (1) year old and above-</i><br>PSA copy of Negative Record of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | Philippine Statistics Authority                                                                                                                                                                       |
| <i>If parents are married at the time of birth-</i> Certificate of Marriage of parents of the child and applicant (if married at the time of Registration)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                              | Philippine Statistics Authority or Civil Registry Office                                                                                                                                              |
| <i>If the child is illegitimate and the father wishes to have his name indicated in the COLB-</i><br>Affidavit of Acknowledgment/Admission of Paternity (or Private Handwritten Instrument (PHI), if applicable)                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | Notary Public (or Father of the Child, in case of PHI)/DFA Consular Office                                                                                                                            |
| Any two (2) of the following documentary evidence, which show the name of the child, date and place of birth, and name of mother (and name of father, if the child has been acknowledged) like-<br>i.) Medical record<br>ii.) Immunization record<br>iii.) Baptismal Certificate<br>iv.) School record (nursery, kindergarten, preparatory)<br>v.) Income Tax Return of parents<br>vi.) Voter Certificate/Voter's Registration Form<br>vii.) NBI/POLICE Clearance<br>viii.) SSS E-1<br>ix.) Philhealth MDR<br>X. ) Employee's Record<br>Other pertinent documents to support the delayed registration. |                                                                                                                                                                                                                                                                              | Hospital or Clinic<br>Hospital, Clinic, Barangay Health Centers<br>Church<br>Daycare Center/School<br><br>BIR/Employer of Parent/s<br>COMELEC<br><br>NBI/Police Unit<br>SSS<br>Philhealth<br>Employer |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                                                 |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                                                 |                        |                           |
| Additional Mandatory Requirements for delayed registration as PSA per PSA MC 2024-17 and MC 2024-17A<br>i.) PSA/LCRO copy of Certificate of Live Birth Parent/s<br>ii.) PSA/LCRO copy of Certificate of Live Birth Sibling/s<br>iii.) National ID/Transaction Slip Parent/s and Registrant<br>iv.) PSA/LCRO copy of Certificate of Death<br>v.) Barangay Certification/ Residency for delayed registration duly signed by the Barangay Captain<br>vi.) Personal Appearance of Parent/s and Registrant<br><br>Registrant's Affidavit |                      | Philippine Statistics Authority/concerned LCRO's<br>Philippine Statistics Authority/concerned LCRO's<br>Philippine Statistics Authority<br><br>Philippine Statistics Authority/concerned LCRO's<br>Respective Barangay of the Registrant<br><br>LCR Office<br><br>Notary Public |                        |                           |
| <i>If necessary-</i><br>Affidavit of Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | Notary Public                                                                                                                                                                                                                                                                   |                        |                           |
| Affidavit for Delayed Registration of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | Notary Public                                                                                                                                                                                                                                                                   |                        |                           |
| Affidavit of Two-Disinterested Persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | Notary Public                                                                                                                                                                                                                                                                   |                        |                           |
| Affidavit to Use the Surname of the Father (and Sworn Attestation, if applicable)<br>*applicable only if the child was born August 3, 1988 up to present                                                                                                                                                                                                                                                                                                                                                                            |                      | Notary Public                                                                                                                                                                                                                                                                   |                        |                           |
| Valid Government issued ID card of parents, applicant (18 years old & above) and witnesses (and representative, if applicable)<br><i>(present original and photocopy)</i>                                                                                                                                                                                                                                                                                                                                                           |                      | PHIL ID, ePHIL ID, GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC, School ID, PhilID/ePhilID                                                                                                                                                           |                        |                           |
| Municipal Form No. 102 Attachment for Muslim Filipino or Indigenous People (IP) Form No. 1 for IP, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | Hospital, Clinic, Attendant at Birth, or Civil Registry Office                                                                                                                                                                                                                  |                        |                           |
| Authorization letter, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | Parents of the Child, Applicant                                                                                                                                                                                                                                                 |                        |                           |
| Note: Photocopy all required documents in one (1) copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | Applicant                                                                                                                                                                                                                                                                       |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>AGENCY ACTION</b> | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |

|                                                                                        |                                                                                                                                                                      |                            |                    |                                                                 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|-----------------------------------------------------------------|
| 1. Submit the required documents for initial assessment and verification               | 1.) Receive the required documents and check for completeness and correctness of entries and evaluate presented documents.                                           | None                       | 10 -15 minutes     | <i>Administrative Aide</i>                                      |
|                                                                                        | 1.1) If incomplete or with discrepancies. documents to be returned to the owner with an issued list of need to be complied documents/or missing entries in the COLB. | None                       | 1 minute           | <i>Administrative Aide</i>                                      |
|                                                                                        | 2.) Issue claim slip (for complete and correct)                                                                                                                      | None                       | 10 days, 20minutes | <i>Administrative Aide/</i>                                     |
|                                                                                        | 3.) Start processing the application, and post for ten (10)                                                                                                          | None                       | 2 minutes          | <i>Supervising Administrative Officer/ Registration Officer</i> |
| 2.) Present claim slip and valid ID (and authorization letter, if applicable)          | 1.) Retrieve claim slip and examine the valid ID presented                                                                                                           | None                       | 1 minute           | <i>Administrative Aide</i>                                      |
| 3.) Sign in the client logbook and claim the duly registered Certificate of Live Birth | 1.) Give the logbook to the client                                                                                                                                   | None                       | 1 minute           | <i>Administrative Aide</i>                                      |
|                                                                                        | 2.) Issue the registered Certificate of Live Birth                                                                                                                   | None                       | 1 minute           | <i>Administrative Aide</i>                                      |
| <b>TOTAL PROCESSING TIME</b>                                                           |                                                                                                                                                                      | <b>10 DAYS, 42 MINUTES</b> |                    |                                                                 |

### 3. OUT-OF-TOWN REGISTRATION OF BIRTH

Out-of-town reporting of birth occurs when the Certificate of Live Birth is presented to the Civil Registrar of a city or municipality which is not the place of birth, not for registration but to be forwarded to the Civil Registrar of the city or municipality where the birth occurred and where it should be registered.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                  | Office of the City Civil Registrar, Registration Division, Birth Registration Section     |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                        | Simple [Rule 20 AO 1 s 1993 (IRR Act No. 3753)]                                           |                                                                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                  | G2C-Government to Citizen/G2G-Government to Government                                    |                                                                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                         | 1.) Parent/s of the child; or<br>Child him/herself, if eighteen (18) years old and above. |                                                                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                     |                                                                                           | WHERE TO SECURE                                                            |
| Original Copies of Unregistered Certificate of Live Birth, if there is any                                                                                                                                    |                                                                                           | Hospital/Clinic, Attendant at Birth, Parent/s of the Child                 |
| PSA Copy of Negative Record of Birth                                                                                                                                                                          |                                                                                           | Philippine Statistics Authority                                            |
| Affidavit for Out-of-Town Registration of Birth                                                                                                                                                               |                                                                                           | Notary Public                                                              |
| Affidavit of Two-Disinterested Persons                                                                                                                                                                        |                                                                                           | Notary Public                                                              |
| Affidavit for Delayed Registration of Birth                                                                                                                                                                   |                                                                                           | Notary Public                                                              |
| <i>If parents are married at the time of birth</i> -Certificate of Marriage of parents of the child                                                                                                           |                                                                                           | Philippine Statistics Authority or Civil Registry Office                   |
| <i>If the child is illegitimate and the father wishes to have his name indicated in the COLB</i> -Affidavit of Acknowledgment/Admission of Paternity (or Private Handwritten Instrument (PHI), if applicable) |                                                                                           | Notary Public (or Father of the Child, in case of PHI)/DFA Consular Office |
| Affidavit to Use the Surname of the Father (and Sworn Attestation, if applicable)<br><br>*applicable only if the child was born on 19 March 2004-present                                                      |                                                                                           | Notary Public                                                              |
| <i>If the applicant is already married</i> -Certificate of Marriage                                                                                                                                           |                                                                                           | Philippine Statistics Authority or Civil Registry Office                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any two (2) of the following documentary evidence, which show the name of the child, date and place of birth, and name of mother (and name of father, if the child has been acknowledged) like-<br>a.) Medical record<br>b.) Immunization record<br>c.) Baptismal Certificate<br>d.) School record (nursery, kindergarten, preparatory)<br>e.) Income Tax Return of Parents<br>f.) Voter's Certificate<br>g.) NBI/Police Clearance<br>h.) SSS E-1<br>i.) Philhealth MDR<br>Employee's Record                                    | Hospital or clinic<br>Hospital, Clinic, Barangay Health Centers<br>Church<br>Daycare Center/School<br>BIR/Employer of parent/s<br>COMELEC<br>NBI/PNP<br>SSS<br>Philhealth<br>Employer                                                                               |
| Additional Mandatory Requirements for delayed registration as PSA per PSA MC 2024-17 and MC 2024-17A<br>i.) PSA/LCRO copy of Certificate of Live Birth Parent/s<br>ii.) PSA/LCRO copy of Certificate of Live Birth Sibling/s<br>iii.) National ID/Transaction Slip Parent/s and Registrant<br>iv.) PSA/LCRO copy of Certificate of Death<br>v.) Barangay Certification/ Residency for delayed registration duly signed by the Barangay Captain<br>vi.) Personal Appearance of Parent/s and Registrant<br>Registrant's Affidavit | Philippine Statistics Authority/concerned LCRO's<br>Philippine Statistics Authority/concerned LCRO's<br>Philippine Statistics Authority<br>Philippine Statistics Authority/concerned LCRO's<br>Respective Barangay of the Registrant<br>LCR Office<br>Notary Public |
| <i>If necessary-</i><br>Affidavit of Discrepancy<br>Sworn Statement no COLB, DC and MC of parent/s and sibling/s                                                                                                                                                                                                                                                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                                                       |
| Valid Government issued ID card of parents/applicant and witnesses (and representative, if applicable)<br><i>(present original and photocopy)</i>                                                                                                                                                                                                                                                                                                                                                                               | GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC, School ID , PhilID/ePhilID                                                                                                                                                                 |
| Municipal Form No. 102 Attachment for Muslim Filipino or Indigenous People (IP) Form No. 1 for IP, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                | Hospital, Clinic, Attendant at Birth, or Civil Registry Office                                                                                                                                                                                                      |
| Official Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City Treasurer's Office                                                                                                                                                                                                                                             |
| Authorization letter, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Parents of the Child/Child Her/Himself, if eighteen (18) years old and above                                                                                                                                                                                        |
| Note: Photocopy all required documents in one (1) copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Applicant                                                                                                                                                                                                                                                           |

| CLIENT STEPS                                                                                                                                         | AGENCY ACTION                                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------|
| 1. Submit the required documents for initial assessment and examination                                                                              | 1. Receive the required documents and check for completeness, correctness, and sufficiency to prove identity and other information of the applicant                                              | None            | 5 to 10 minutes | <i>Administrative Aide and Administrative Aide VI</i> |
|                                                                                                                                                      | 1.1) Prepare draft COLB for Checking of Client.                                                                                                                                                  | None            | 3 to 5 minutes  | <i>Administrative Aide and Administrative Aide VI</i> |
|                                                                                                                                                      | 1.2) Print 4 copies of COLB for sign of Client and notary of Affidavits.                                                                                                                         | None            | 2 to 3 minutes  |                                                       |
|                                                                                                                                                      | 1.3 Issue order of payment, and advise client to pay the required fee at the cashier, City Treasurer's Office                                                                                    | PhP 330.00      | 1 minute        |                                                       |
| 2. Client pays the required fee, and submit Official Receipt/OR (proof of payment)                                                                   | 2.) Attach OR on the submitted documents Start processing the application checking as to the completeness of received documents.                                                                 | None            | 3-5 minutes     | <i>Administrative Aide and Administrative Aide VI</i> |
| 3. Client will receive the original copy of OR and Acknowledgement slip for the received documents for transmittal to PSA Rizal and Registering LCRO | 3.) The LCRO Staff will receive documents, photocopy the OR and will issue the original OR and Acknowledgement slip for the received documents for transmittal to PSA Rizal and Registering LCRO | None            | 2 minutes       | <i>Administrative Aide and Administrative Aide VI</i> |
|                                                                                                                                                      | 3.1) Preparation of Transmittal letters to registering LCRO and PSA Rizal                                                                                                                        | None            |                 |                                                       |
|                                                                                                                                                      | 3.2) For evaluation, review and signature of the Registration Division Head                                                                                                                      | None            | 5 minutes       |                                                       |
|                                                                                                                                                      | 3.3) For final review and for Signature of CCR                                                                                                                                                   | None            | 10 minutes      |                                                       |
|                                                                                                                                                      | 3.4) Preparation of Transmittal/ Endorsement to PSA Rizal.                                                                                                                                       | None            | 10 minutes      |                                                       |

|                              |                                                 |                             |           |  |
|------------------------------|-------------------------------------------------|-----------------------------|-----------|--|
|                              | 3.5) Liaison to transmit documents to PSA Rizal | None                        | 5 minutes |  |
| <b>TOTAL FEES TO BE PAID</b> |                                                 | <b>Php 330.00</b>           |           |  |
| <b>TOTAL PROCESSING TIME</b> |                                                 | <b>1 HOUR and 6 MINUTES</b> |           |  |

## 4. REGISTRATION OF PERSONS WITH NO KNOWN PARENT/S

Person/s with No Known Parent/s refers to a person/s whose parentage is unknown, or whose fact/s of birth is/are unknown. PSA Memorandum Circular No. 2021-24 updated the guidelines for the registration of foundling. The Certificate of Live Birth of a person with no known parent/s shall be registered within thirty days from the issuance of the Social Case Study Report.

|                                                                                                                                  |                       |                                                                                                                                 |                        |                           |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>Office or Division:</b>                                                                                                       |                       | Office of the City Civil Registrar, Petitions & Miscellaneous Filing Unit                                                       |                        |                           |
| <b>Classification:</b>                                                                                                           |                       | Simple                                                                                                                          |                        |                           |
| <b>Type of Transaction:</b>                                                                                                      |                       | G2C-Government to Citizen/G2G-Government to Government                                                                          |                        |                           |
| <b>Who may avail:</b>                                                                                                            |                       | Social workers authorized by the Department of Social Welfare and Development (DSWD)                                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                 |                       | <b>WHERE TO SECURE</b>                                                                                                          |                        |                           |
| Original or certified copy of Certification issued by the Secretary of DSWD stating that child is legally available for adoption |                       | DSWD                                                                                                                            |                        |                           |
| Original or certified copy of the Social Case Study Report                                                                       |                       | Local social welfare and development of office or licensed/accredited Child Caring Agencies/ Child Placing Agencies (CCAs/CPAs) |                        |                           |
| Draft of the Certificate of Live Birth (Revised August 2021)                                                                     |                       | Form available at City Civil Registry, to be accomplished by the registrant                                                     |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                              | <b>AGENCY ACTIONS</b> | <b>FEES TO BE PAID</b>                                                                                                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |



|                                                                              |                                                                                           |             |                        |                                 |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------|------------------------|---------------------------------|
| 1. Submit the requirements to the Office of the City Civil Registrar (OCCR). | 1.1 Check the documents as to the completeness and correctness of entries.                | None        | 2 minutes              | <i>Administrative Assistant</i> |
|                                                                              | 1.2 Finalize the Certificate of Live Birth (COLB) based on the initial draft.             |             | 10 minutes             | <i>Statistician</i>             |
|                                                                              | 1.3 Advise the registrant to have the COLB notarized.                                     |             |                        | <i>Statistician</i>             |
| 2. Have the finalized COLB notarized and return the documents to the OCCR    | 1.1 Review and sign the COLB<br>1.2 Assign Registry Number and enter in the Registry Book |             | 2 minutes<br>2 minutes | <i>Registration Officer</i>     |
| 3. Claim the duly registered COLB.                                           | 2.1 Release the client's copy of the registered document.                                 | None        | 2 minutes              | <i>Registration Officer</i>     |
| <b>TOTAL</b>                                                                 |                                                                                           | <b>None</b> | <b>18 minutes</b>      |                                 |

## 5. REGISTRATION OF MARRIAGE (TIMELY)

The recording of the facts of marriage in the proper Civil Registry Office where it occurred within fifteen (15) or thirty (30) days, as the case may be, following the solemnization of marriage.

| <b>Office or Division:</b>                                                                                                       | Office of the City Civil Registrar, Registration Division, Marriage Registration Section |                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>Classification:</b>                                                                                                           | Simple                                                                                   |                                                                                                                 |  |
| <b>Type of Transaction:</b>                                                                                                      | G2C-Government to Citizen/G2G-Government to Government                                   |                                                                                                                 |  |
| <b>Who may avail:</b>                                                                                                            | Solemnizing Officer                                                                      |                                                                                                                 |  |
| CHECKLIST OF REQUIREMENTS                                                                                                        |                                                                                          | WHERE TO SECURE                                                                                                 |  |
| Duly accomplished Certificate of Marriage in quadruplicate (COM/Form No. 97, revised 2016)                                       |                                                                                          | Church, Chapel, Temple, Mosque, Court, or Mayor's Office                                                        |  |
| Marriage License                                                                                                                 |                                                                                          | Civil Registry Office                                                                                           |  |
| Marriages Exempt from Marriage License-                                                                                          |                                                                                          |                                                                                                                 |  |
| a.) Art. 27-<br>Affidavit of Solemnizing Officer                                                                                 |                                                                                          | Notary Public                                                                                                   |  |
| b.) Art. 28-<br>Affidavit of Solemnizing Officer                                                                                 |                                                                                          | Notary Public                                                                                                   |  |
| c.) Art. 33-                                                                                                                     |                                                                                          |                                                                                                                 |  |
| • Affidavit of Solemnizing Officer                                                                                               |                                                                                          | Notary Public                                                                                                   |  |
| • Certificate of Muslim or Indigenous Peoples Membership                                                                         |                                                                                          | National Commission on Muslim Filipinos or National Commission on Indigenous Peoples, or accredited association |  |
| • PSA CENOMAR                                                                                                                    |                                                                                          | Philippine Statistics Authority                                                                                 |  |
| • PSA Birth Certificate                                                                                                          |                                                                                          | Philippine Statistics Authority                                                                                 |  |
| d.) Art.34-                                                                                                                      |                                                                                          |                                                                                                                 |  |
| • Affidavit of Solemnizing Officer                                                                                               |                                                                                          | Notary Public                                                                                                   |  |
| • Affidavit of Cohabitation                                                                                                      |                                                                                          | Notary Public                                                                                                   |  |
| • Affidavit of Two-Disinterested Persons                                                                                         |                                                                                          | Notary Public                                                                                                   |  |
| • PSA CENOMAR                                                                                                                    |                                                                                          | Philippine Statistics Authority                                                                                 |  |
| • PSA Birth Certificate of contracting parties                                                                                   |                                                                                          | Philippine Statistics Authority                                                                                 |  |
| • PSA Birth Certificate of child/ren                                                                                             |                                                                                          | Philippine Statistics Authority                                                                                 |  |
| • Valid Government issued ID card of contracting parties and witnesses                                                           |                                                                                          | GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC, PhilID/ePhilID                         |  |
| Certificate of Registration of Authority to Solemnize Marriage (CRASM)                                                           |                                                                                          | Philippine Statistics Authority                                                                                 |  |
| Prior written request from the contracting parties <u>and</u> prior written approval from the solemnizing officer, if applicable |                                                                                          | Notary Public                                                                                                   |  |

| Municipal Form No. 97 Attachment for Muslim Filipino or Indigenous People (IP) Form No. 3 for IP, if applicable |                                                                                          | Solemnizing Officer or Civil Registry Office |                 |                                                                                |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------|-----------------|--------------------------------------------------------------------------------|
| CLIENT STEPS                                                                                                    | AGENCY ACTIONS                                                                           | FEES TO BE PAID                              | PROCESSING TIME | PERSON RESPONSIBLE                                                             |
| 1.) Submit the required documents for initial assessment and verification                                       | 1.) Receive the required documents and check for completeness and correctness of entries | None                                         | 2 minutes       | <i>Administrative Assistant</i>                                                |
|                                                                                                                 | 1.1) Start processing the application                                                    | None                                         | 2 minutes       | <i>Administrative Assistant/<br/>Registration Officer/<br/>Civil Registrar</i> |
| 2.) Sign in the client logbook and claim the duly registered Certificate of Marriage                            | 2.) Give the logbook to the client                                                       | None                                         | 1 minute        | <i>Administrative Assistant</i>                                                |
|                                                                                                                 | 2.1) Issue registered Certificate of Marriage                                            | None                                         | 1 minute        | <i>Administrative Assistant</i>                                                |
| <b>FEES TO BE PAID</b>                                                                                          |                                                                                          | <b>NONE</b>                                  |                 |                                                                                |
| <b>TOTAL PROCESSING TIME</b>                                                                                    |                                                                                          | <b>6 MINUTES TOTAL</b>                       |                 |                                                                                |

## 6. REGISTRATION OF MARRIAGE (DELAYED)

The recording of the facts of marriage in the proper Civil Registry Office where it occurred beyond the fifteen (15) or thirty (30) days reglementary period, as the case may be, following the solemnization of marriage.

| <b>Office or Division:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Office of the City Civil Registrar, Registration Division, Marriage Registration Section |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Classification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Simple [Rule 13, AO 1 s 1993 (IRR Act No. 3753)]                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Type of Transaction:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | G2C-Government to Citizen/G2G-Government to Government                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Who may avail:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.) Solemnizing Officer; or<br>2.) Contracting Party/ies (Document Owner/s).             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Duly accomplished Certificate of Marriage in quadruplicate (COM/Form No. 97, revised 2016), or original or duplicate unregistered copy (in case of marriages that occurred prior to 2016)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | Church, Chapel, Temple, Mosque, Court, or Mayor’s Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <i>For unregistered Certificate of Marriage six (6) months and up-</i><br>PSA Negative Certificate of Marriage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | Philippine Statistics Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Marriage License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | Civil Registry Office/Solemnizing Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Marriages Exempt from Marriage License-<br>e.) Art. 27-<br>Affidavit of Solemnizing Officer<br>f.) Art. 28-<br>Affidavit of Solemnizing Officer<br>g.) Art. 33-<br><ul style="list-style-type: none"><li>● Affidavit of Solemnizing Officer</li><li>● Certificate of Muslim or Indigenous Peoples Membership</li><li>● PSA CENOMAR</li><li>● PSA Birth Certificate</li></ul> h.) Art.34-<br><ul style="list-style-type: none"><li>● Affidavit of Solemnizing Officer</li><li>● Affidavit of Cohabitation</li><li>● Affidavit of Two-Disinterested Persons</li><li>● PSA CENOMAR</li><li>● PSA Birth Certificate of contracting parties</li><li>● PSA Birth Certificate of child/ren</li></ul> |                                                                                          | Notary Public/Solemnizing Officer<br><br>Notary Public/Solemnizing Officer<br><br>Notary Public/Solemnizing Officer<br>National Commission on Muslim Filipinos or<br>National Commission on Indigenous Peoples,<br>or accredited association/Solemnizing Officer<br>Philippine Statistics Authority<br>Philippine Statistics Authority<br><br>Notary Public/Solemnizing Officer<br>Notary Public/Solemnizing Officer<br>Notary Public/Solemnizing Officer<br><br>Philippine Statistics Authority<br>Philippine Statistics Authority<br><br>Philippine Statistics Authority |  |

| <ul style="list-style-type: none"> <li>Valid Government issued ID card of contracting parties and witnesses</li> </ul>                    |                                                                                                                | GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC, PhilID/ePhilID            |                 |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|---------------------------------|
| Affidavit for Delayed Registration of Marriage                                                                                            |                                                                                                                | Notary Public                                                                                      |                 |                                 |
| Affidavit of Marriage                                                                                                                     |                                                                                                                | Notary public                                                                                      |                 |                                 |
| Sworn Attestation of Two Witnesses                                                                                                        |                                                                                                                | Notary Public                                                                                      |                 |                                 |
| Certification of Solemnization of Marriage                                                                                                |                                                                                                                | Church, Chapel, Temple, Mosque, Court, or Mayor's Office                                           |                 |                                 |
| PSA Birth Certificate of Couple/Applicants                                                                                                |                                                                                                                | Philippine Statistics Authority                                                                    |                 |                                 |
| PSA CENOMAR                                                                                                                               |                                                                                                                | Philippine Statistics Authority                                                                    |                 |                                 |
| PSA Birth Certificate of Child/ren showing the name of parents, and the date and place of marriage of parents, if applicable              |                                                                                                                | Philippine Statistics Authority                                                                    |                 |                                 |
| Valid Government issued ID card of applicants and witnesses (and representative, if applicable) ( <i>present original and photocopy</i> ) |                                                                                                                | GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC, School ID, PhilID/ePhilID |                 |                                 |
| Municipal Form No. 97 Attachment for Muslim Filipino or Indigenous People (IP) Form No. 3 for IP, if applicable                           |                                                                                                                | Solemnizing Officer or Civil Registry Office                                                       |                 |                                 |
| Official Receipt                                                                                                                          |                                                                                                                | City Treasurer's Office                                                                            |                 |                                 |
| Authorization letter, if applicable                                                                                                       |                                                                                                                | Contracting Party/ies (Document Owner/s)                                                           |                 |                                 |
| Note: Photocopy all required documents in one (1) copy                                                                                    |                                                                                                                | Applicant/s                                                                                        |                 |                                 |
| CLIENT STEPS                                                                                                                              | AGENCY ACTIONS                                                                                                 | FEES TO BE PAID                                                                                    | PROCESSING TIME | PERSON RESPONSIBLE              |
| 1.) Submit the required documents for initial assessment and verification                                                                 | 1.) Receive the required documents and check for completeness and correctness of entries                       | None                                                                                               | 3 minutes       | <i>Administrative Assistant</i> |
|                                                                                                                                           | 1.1) Issue order of payment, and advise client to pay the required fee at the cashier, City Treasurer's Office | PhP 150.00                                                                                         | 1 minute        | <i>Administrative Assistant</i> |

|                                                                                      |                                                                                                                                  |                            |                    |                                                                                                   |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|---------------------------------------------------------------------------------------------------|
| 2.) Client pays the required fee, and submit Official Receipt/OR (proof of payment)  | 2.) Attach OR on the submitted documents                                                                                         | None                       | 1 minute           | <i>Administrative Assistant</i>                                                                   |
|                                                                                      | 2.1) Issue claim slip                                                                                                            | None                       | 1 minute           | <i>Administrative Assistant</i>                                                                   |
|                                                                                      | 2.2) Start processing the application, and post for ten (10) days                                                                | None                       | 10 days, 20minutes | <i>Administrative Assistant/<br/>Supervising Administrative Officer/<br/>Registration Officer</i> |
|                                                                                      | 2.3) Register the Certificate of Marriage on the eleventh (11 <sup>th</sup> ) day after the required ten (10) day posting period | None                       | 1 minute           | <i>Administrative Assistant/<br/>Registration Officer/<br/>Civil Registrar</i>                    |
| 3.) Present claim slip and valid ID (and authorization letter, if applicable)        | 3.) Retrieve claim slip and examine the valid ID presented                                                                       | None                       | 1 minute           | <i>Administrative Assistant</i>                                                                   |
| 4.) Sign in the client logbook and claim the duly registered Certificate of Marriage | 4.) Give the logbook to the client                                                                                               | None                       | 1 minute           | <i>Administrative Aide</i>                                                                        |
|                                                                                      | 4.1) Issue the registered Certificate of Marriage                                                                                | None                       | 1 minute           | <i>Administrative Aide</i>                                                                        |
| <b>TOTAL FEES TO BE PAID</b>                                                         |                                                                                                                                  | <b>PhP 150.00</b>          |                    |                                                                                                   |
| <b>TOTAL PROCESSING TIME</b>                                                         |                                                                                                                                  | <b>10 DAYS, 30 MINUTES</b> |                    |                                                                                                   |

## 7. OUT-OF-TOWN REPORTING OF MARRIAGE

Out-of-town reporting of marriage occurs when the Certificate of Marriage is presented to the civil registrar of a city or municipality which is not the place of marriage, not for registration but to be forwarded to the civil registrar of the city or municipality where the marriage occurred and where it should be registered.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Office or Division:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Office of the City Civil Registrar, Registration Division, Marriage Registration Section |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Classification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Simple [MC No. 2006-06]                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Type of Transaction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G2C-Government to Citizen/G2G-Government to Government                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Who may avail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Contracting Party/ies (Document Owner/s)                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Duly accomplished Certificate of Marriage in quadruplicate (COM/Form No. 97, revised 2016), or original or duplicate unregistered copy (in case of marriages that occurred prior to 2016)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | Church, Chapel, Temple, Mosque, Court, or Mayor’s Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PSA Copy of Negative Record of Marriage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | Philippine Statistics Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Marriage License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | Civil Registry Office/Solemnizing Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Marriages Exempt from Marriage License-<br>a.) Art. 27-<br>Affidavit of Solemnizing Officer<br>b.) Art. 28-<br>Affidavit of Solemnizing Officer<br>c.) Art. 33-<br>• Affidavit of Solemnizing Officer<br>• Certificate of Muslim or Indigenous Peoples Membership<br><br>• PSA CENOMAR<br>• PSA Birth Certificate<br>d.) Art.34-<br>• Affidavit of Solemnizing Officer<br>• Affidavit of Cohabitation<br>• Affidavit of Two-Disinterested Persons<br>• PSA CENOMAR<br>• PSA Birth Certificate of contracting parties<br>• PSA Birth Certificate of child/ren<br><br>• Valid Government issued ID card of contracting parties and witnesses |                                                                                          | Notary Public/Solemnizing Officer<br><br>Notary Public/Solemnizing Officer<br><br>Notary Public/Solemnizing Officer<br>National Commission on Muslim Filipinos or<br>National Commission on Indigenous Peoples,<br>or accredited association/Solemnizing Officer<br>Philippine Statistics Authority<br>Philippine Statistics Authority<br><br>Notary Public/Solemnizing Officer<br>Notary Public/Solemnizing Officer<br>Notary Public/Solemnizing Officer<br>Philippine Statistics Authority<br>Philippine Statistics Authority<br>Philippine Statistics Authority<br><br>GSIS, SSS, DFA, LTO, BIR, PhilHealth,<br>PhilPost, HMDF, Barangay, COMELEC,<br>PhilID/ePhilID |  |
| Affidavit for Out-of-Town Registration of Marriage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

| Affidavit for Delayed Registration of Marriage                                                                                               |                                                                                                                                                     | Notary Public                                                                           |                 |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------|---------------------------------|
| Affidavit of Marriage                                                                                                                        |                                                                                                                                                     | Notary public                                                                           |                 |                                 |
| Sworn Attestation of Two Witnesses                                                                                                           |                                                                                                                                                     | Notary Public                                                                           |                 |                                 |
| Certification of Solemnization of Marriage                                                                                                   |                                                                                                                                                     | Church, Chapel, Temple, Mosque, Court, or Mayor's Office                                |                 |                                 |
| PSA Birth Certificate of Couple/Applicants                                                                                                   |                                                                                                                                                     | Philippine Statistics Authority                                                         |                 |                                 |
| PSA CENOMAR                                                                                                                                  |                                                                                                                                                     | Philippine Statistics Authority                                                         |                 |                                 |
| PSA Birth Certificate of Child/ren showing the name of parents, and the date and place of marriage of parents, if applicable                 |                                                                                                                                                     | Philippine Statistics Authority                                                         |                 |                                 |
| Valid Government issued ID card of applicants and witnesses (and representative, if applicable)<br>( <i>present original and photocopy</i> ) |                                                                                                                                                     | GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC, PhilID/ePhilID |                 |                                 |
| Municipal Form No. 97 Attachment for Muslim Filipino or Indigenous People (IP) Form No. 3 for IP, if applicable                              |                                                                                                                                                     | Solemnizing Officer or Civil Registry Office                                            |                 |                                 |
| Official Receipt                                                                                                                             |                                                                                                                                                     | City Treasurer's Office                                                                 |                 |                                 |
| Authorization letter, if applicable                                                                                                          |                                                                                                                                                     | Applicant/s                                                                             |                 |                                 |
| Note: Photocopy all required documents in one (1) copy                                                                                       |                                                                                                                                                     | Applicant/s                                                                             |                 |                                 |
| CLIENT STEPS                                                                                                                                 | AGENCY ACTIONS                                                                                                                                      | FEES TO BE PAID                                                                         | PROCESSING TIME | PERSON RESPONSIBLE              |
| 1. Submit the required documents for initial assessment and examination                                                                      | 1. Receive the required documents and check for completeness, correctness, and sufficiency to prove identity and other information of the applicant | None                                                                                    | 5 minutes       | <i>Administrative Assistant</i> |
|                                                                                                                                              | 1.1) Issue order of payment, and advise client to pay the required fee at the cashier, City Treasurer's Office                                      | PhP 330.00                                                                              | 1 minute        | <i>Administrative Assistant</i> |



|                                                                                     |                                                                                                                                |                   |            |                                                                                |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|--------------------------------------------------------------------------------|
| 2.) Client pays the required fee, and submit Official Receipt/OR (proof of payment) | 2.) Attach OR on the submitted documents                                                                                       | None              | 1 minute   | <i>Administrative Assistant</i>                                                |
|                                                                                     | 2.1) Start processing the application                                                                                          | None              | 20 minutes | <i>Administrative Assistant/<br/>Registration Officer/<br/>Civil Registrar</i> |
| 3.) Sign in the client logbook and receive the processed application                | 3.) Give the logbook to the client                                                                                             | None              | 1 minute   | <i>Administrative Assistant</i>                                                |
|                                                                                     | 3.1) Advise client to mail the processed application to the registering civil registry office together with the necessary fees | None              | 1 minute   | <i>Administrative Assistant</i>                                                |
| 4.) Return proof of mailing and payment of necessary fees                           | 4.) Receive proof of mailing and payment of necessary fees                                                                     | None              | 1 minute   | <i>Administrative Assistant</i>                                                |
| <b>TOTAL FEES TO BE PAID</b>                                                        |                                                                                                                                | <b>PhP 330.00</b> |            |                                                                                |
| <b>TOTAL PROCESSING TIME</b>                                                        |                                                                                                                                | <b>30 MINUTES</b> |            |                                                                                |

## 8. REGISTRATION OF DEATH/FETAL DEATH (TIMELY)

The recording of the facts of death in the proper Civil Registry Office where it occurred within thirty (30) days from the time of death.

| <b>Office or Division:</b>                                                                                                                                   | Office of the City Civil Registrar, Registration Division, Death Registration Section                                                                                                                                                                                |                                                                                         |                 |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------|--------------------------------------|
| <b>Classification:</b>                                                                                                                                       | Simple                                                                                                                                                                                                                                                               |                                                                                         |                 |                                      |
| <b>Type of Transaction:</b>                                                                                                                                  | G2C-Government to Citizen/G2G-Government to Government                                                                                                                                                                                                               |                                                                                         |                 |                                      |
| <b>Who may avail:</b>                                                                                                                                        | 1.) Attendant at death, physician, hospital or clinic administrator;<br>2.) Nearest relative/s of the deceased such as surviving spouse, child/ren, parent/s, sibling/s; or<br>3.) Driver, ship captain, or pilot, if the death occurs in a vehicle/vessel/airplane. |                                                                                         |                 |                                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                    |                                                                                                                                                                                                                                                                      | WHERE TO SECURE                                                                         |                 |                                      |
| Duly accomplished Certificate of Death/Fetal Death in quadruplicate (COD/Form No.103 revised 2016 or COFD/Form No. 103A, revised 2007)                       |                                                                                                                                                                                                                                                                      | Hospital or Clinic, City Health Office, or funeral home                                 |                 |                                      |
| Municipal Form No. 103 Attachment for Muslim Filipino/Indigenous People (IP) Form No. 2 for IP for COD, if applicable                                        |                                                                                                                                                                                                                                                                      | Hospital, Clinic, or Civil Registry Office                                              |                 |                                      |
| Official Receipt                                                                                                                                             |                                                                                                                                                                                                                                                                      | City Treasurer's Office                                                                 |                 |                                      |
| Authorization letter, if applicable                                                                                                                          |                                                                                                                                                                                                                                                                      | Informant/Nearest Relative of the Deceased                                              |                 |                                      |
| Valid Government issued ID card of informant/nearest relative of the deceased (and representative, if applicable)<br><i>(present original and photocopy)</i> |                                                                                                                                                                                                                                                                      | PHIL ID, ePHIL, GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC |                 |                                      |
| CLIENT STEPS                                                                                                                                                 | AGENCY ACTIONS                                                                                                                                                                                                                                                       | FEES TO BE PAID                                                                         | PROCESSING TIME | PERSON RESPONSIBLE                   |
| 1. Submit the required documents for initial assessment and verification                                                                                     | 1.1) Receive the required documents and check for completeness and correctness of entries with official receipt.                                                                                                                                                     | None                                                                                    | 2 minutes       | <i>Administrative Aide/Assistant</i> |
|                                                                                                                                                              | 1.2) Start processing the application                                                                                                                                                                                                                                |                                                                                         | 5 minutes       | <i>Administrative Aide/Assistant</i> |

|                                                                                                                                   |                                                                                      |                   |           |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------|-----------|--------------------------------------|
| 2.) Enter in the logbook the details of the deceased and informant and claim the duly registered Certificate of Death/Fetal Death | 2.1.) Write the Name, date and address of interment, and contact number of informant | None              | 2 minutes | <i>Administrative Aide/Assistant</i> |
|                                                                                                                                   | 2.2) Issue the registered Certificate of Death/Fetal Death                           | None              | 2 minutes | <i>Administrative Aide/Assistant</i> |
| <b>TOTAL PROCESSING TIME</b>                                                                                                      |                                                                                      | <b>11 MINUTES</b> |           |                                      |

## 9. REGISTRATION OF DEATH/FETAL DEATH (DELAYED)

The recording of the facts of death in the proper Civil Registry Office where it occurred beyond the thirty (30) day reglementary period.

|                                                                                                                                                                                                                      |                                                                                           |                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------|--|
| <b>Office or Division:</b>                                                                                                                                                                                           | Office of the City Civil Registrar, Registration Division, Death Registration Section     |                                                         |  |
| <b>Classification:</b>                                                                                                                                                                                               | Simple [Rule 13, AO 1 s 1993 (IRR Act No. 3753)]                                          |                                                         |  |
| <b>Type of Transaction:</b>                                                                                                                                                                                          | G2C-Government to Citizen                                                                 |                                                         |  |
| <b>Who may avail:</b>                                                                                                                                                                                                | Nearest relative of the deceased such as surviving spouse, child/ren, parent/s, sibling/s |                                                         |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                     |                                                                                           | <b>WHERE TO SECURE</b>                                  |  |
| Duly accomplished Certificate of Death/Fetal Death in quadruplicate (COD/Form 103 or COFD/Form No. 103A, revised 2007), or original unregistered copies (in case of deaths/fetal deaths that occurred prior to 2016) |                                                                                           | Hospital or Clinic, City Health Office, or funeral home |  |
| <i>For unregistered Certificate of Death/Fetal Death six (6) months and up-</i><br>PSA Negative Certificate of Death/Fetal Death and CENODEATH                                                                       |                                                                                           | Philippine Statistics Authority                         |  |
| Municipal Form No. 103 Attachment for Muslim Filipino/Indigenous People (IP) Form No. 2 for IP for COD, if applicable                                                                                                |                                                                                           | Hospital, Clinic, or Civil Registry Office              |  |
| Affidavit for Delayed Registration of Death                                                                                                                                                                          |                                                                                           | Notary Public                                           |  |
| Authenticated Certification of the Facts of Death from Hospital/Clinic                                                                                                                                               |                                                                                           | Hospital or Clinic                                      |  |
| Authenticated Copy of Funeral Contract/Service                                                                                                                                                                       |                                                                                           | Funeral Home                                            |  |
| Authenticated Copy of the Certificate of Burial, Cremation, or of Other Means of Corpse Disposal                                                                                                                     |                                                                                           | Cemetery/Crematorium                                    |  |
| Authenticated Copy of Certificate of Funeral Mass, if applicable                                                                                                                                                     |                                                                                           | Church                                                  |  |
| Approval for Registration of the Health Officer                                                                                                                                                                      |                                                                                           | City Health Officer                                     |  |
| PSA Birth/Marriage Certificate of the Applicant for Registration                                                                                                                                                     |                                                                                           | Philippine Statistics Authority                         |  |
| Official Receipt                                                                                                                                                                                                     |                                                                                           | City Treasurer’s Office                                 |  |
| Authorization letter, if applicable                                                                                                                                                                                  |                                                                                           | Informant/Nearest Relative of the Deceased              |  |

| Valid Government issued ID card of informant/nearest relative of the deceased (and representative, if applicable)<br><i>(present original and photocopy)</i> |                                                                                                                                           | PHIL ID, ePHIL, GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC |                    |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------|
| Note: Photocopy all required documents in one (1) copy                                                                                                       |                                                                                                                                           | Applicant                                                                               |                    |                                                                                                       |
| CLIENT STEPS                                                                                                                                                 | AGENCY ACTIONS                                                                                                                            | FEES TO BE PAID                                                                         | PROCESSING TIME    | PERSON RESPONSIBLE                                                                                    |
| 1. Submit the required documents for initial assessment and verification                                                                                     | 1. Receive the required documents and check for completeness and correctness of entries                                                   | None                                                                                    | 3 minutes          | <i>Administrative Aide/Assistant</i>                                                                  |
|                                                                                                                                                              | 1.1) Issue order of payment, and advise client to pay the required fee at the cashier, City Treasurer's Office                            | PhP 100.00                                                                              | 1 minute           | <i>Administrative Aide/Assistant</i>                                                                  |
| 2.) Client pays the required fee, and submit Official Receipt/OR (proof of payment)                                                                          | 2.) Attach OR on the submitted documents                                                                                                  | None                                                                                    | 1 minute           | <i>Administrative Aide/Assistant</i>                                                                  |
|                                                                                                                                                              | 2.1) Issue claim slip                                                                                                                     | None                                                                                    | 1 minute           | <i>Administrative Aide/Assistant</i>                                                                  |
|                                                                                                                                                              | 2.2) Start processing the application, and post for ten (10) days                                                                         | None                                                                                    | 10 days, 20minutes | <i>Administrative Aide/Assistant<br/>Supervising Administrative Officer/<br/>Registration Officer</i> |
|                                                                                                                                                              | 2.3) Register the Certificate of Death/Fetal Death on the eleventh (11 <sup>th</sup> ) day after the required ten (10) day posting period | None                                                                                    | 1 minute           | <i>Administrative Aide/Assistant<br/>Registration Officer/<br/>Civil Registrar</i>                    |
| 3.) Present claim slip and valid ID (and authorization letter, if applicable)                                                                                | 3.) Retrieve claim slip and examine the valid ID presented                                                                                | None                                                                                    | 1 minute           | <i>Administrative Aide/Assistant</i>                                                                  |
| 4.) Sign in the client logbook and claim the duly registered Certificate of Death/Fetal Death                                                                | 4.) Give the logbook to the client                                                                                                        | None                                                                                    | 1 minute           | <i>Administrative Aide/Assistant</i>                                                                  |
|                                                                                                                                                              | 4.1) Issue the registered Certificate of Death/Fetal Death                                                                                | None                                                                                    | 1 minute           | <i>Administrative Aide/Assistant</i>                                                                  |
| <b>TOTAL FEES TO BE PAID</b>                                                                                                                                 |                                                                                                                                           | <b>PhP 100.00</b>                                                                       |                    |                                                                                                       |
| <b>TOTAL PROCESSING TIME</b>                                                                                                                                 |                                                                                                                                           | <b>10 DAYS, 30 MINUTES</b>                                                              |                    |                                                                                                       |

## 10. APPLICATION FOR MARRIAGE LICENSE

An application in writing setting forth if each of the contracting party has the necessary qualifications for contracting marriage and this writing is subscribed and sworn by the contracting parties separately before the Civil Registrar who shall then issue the proper license.

The Application for Marriage License is filed in the city or municipality where either of the applicants habitually resides.

| <b>Office or Division:</b>                                                                                                                                                                                   | Office of the City Civil Registrar, Registration Division, Application for Marriage License Section |                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>Classification:</b>                                                                                                                                                                                       | Simple [Rule 48 (6), AO 1 s 1993 (IRR Act No. 3753)]                                                |                                                                                        |  |
| <b>Type of Transaction:</b>                                                                                                                                                                                  | G2C-Government to Citizen                                                                           |                                                                                        |  |
| <b>Who may avail:</b>                                                                                                                                                                                        | Male and female, 18 years old and above, and without any legal impediment to marry                  |                                                                                        |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                    |                                                                                                     | WHERE TO SECURE                                                                        |  |
| PSA Copy of Certificate of No Marriage (CENOMAR)                                                                                                                                                             |                                                                                                     | Philippine Statistics Authority                                                        |  |
| PSA Copy of Certificate of Live Birth                                                                                                                                                                        |                                                                                                     | Philippine Statistics Authority                                                        |  |
| Valid Government issued ID card of applicants (showing Antipolo City address) and/or parent/s, if applicable                                                                                                 |                                                                                                     | PHIL ID, ePHIL GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC |  |
| Valid Community Tax Certificate                                                                                                                                                                              |                                                                                                     | City Treasurer’s Office                                                                |  |
| 1x1 photo                                                                                                                                                                                                    |                                                                                                     | Applicants                                                                             |  |
| Official Receipt                                                                                                                                                                                             |                                                                                                     | City Treasurer’s Office                                                                |  |
| Pre-marriage Orientation and/or Counselling Certificate                                                                                                                                                      |                                                                                                     | City Social Welfare and Development Office                                             |  |
| <i>For applicant/s 18 years old to 21 years old- Parental Consent</i>                                                                                                                                        |                                                                                                     | Civil Registry Office/DFA Consular Office                                              |  |
| <i>For applicant/s 21 years old &amp; 1 day to 25 years old- Parental Advice</i>                                                                                                                             |                                                                                                     | Civil Registry Office/DFA Consular Office                                              |  |
| <i>For Deceased Parent/s of Applicants ages 18 to 25 years with Consent and Parental Advice.</i><br>PSA Copy of Death Certificate of the Deceased Parent/Parent’s<br>Affidavit of Guardianship If Applicable |                                                                                                     | Philippine Statistics Authority<br><br>Notary Public                                   |  |
| <i>For applicant/s who are widowed-</i> <ul style="list-style-type: none"><li>PSA Copy of Death Certificate of the Deceased Spouse</li><li>PSA Copy of Certificate of Marriage</li></ul>                     |                                                                                                     | Philippine Statistics Authority<br><br>Philippine Statistics Authority                 |  |

| <p><i>For applicant/s who are annulled-</i></p> <ul style="list-style-type: none"> <li>• PSA Advisory on Marriage with annotation of annulment/nullity of marriage</li> <li>• PSA Copy of Certificate of Marriage with Annotation</li> <li>• Certified Copy of Court Decision with Certificate of Finality of Judgment</li> <li>• Certified Copy of Decree of Annulment/Nullity of Marriage</li> </ul>                                                                                                                                                                             |                                                                                          | <p>Philippine Statistics Authority</p> <p>Philippine Statistics Authority</p> <p>Regional Trial Court</p> <p>Regional Trial Court</p>                                                                                                                                  |                 |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------|
| <p><i>For foreign applicant-</i></p> <ul style="list-style-type: none"> <li>• Passport</li> <li>• Authenticated Copy of Birth Certificate (translated, if applicable)</li> <li>• Legal Capacity to Contract Marriage (Duly registered Legal Instrument at LCRO Antipolo City)</li> <li>• Authenticated Copy of Decree of Annulment/Divorce (translated), if applicable</li> <li>• Picture 1x1 (1copy)</li> <li>• Copy of Death Certificate of the Deceased Spouse (translated), if applicable</li> <li>• PSA Copy of Certificate of No Marriage (CENOMAR) if applicable</li> </ul> |                                                                                          | <p>Country of Origin</p> <p>Diplomatic Office in the Philippines</p> <p>Diplomatic Office in the Philippines</p> <p>Diplomatic Office in the Philippines</p> <p>Applicant</p> <p>Copy issued in the country of the deceased</p> <p>Philippine Statistics Authority</p> |                 |                                                           |
| Affidavit of Discrepancy/unreadable, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | Notary Public                                                                                                                                                                                                                                                          |                 |                                                           |
| <p>Notes: Please bring all original/certified copies and Photocopy of all required documents in two (2) copies.</p> <p>Other supporting documents may be required after evaluation of presented documents.</p>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | Applicants                                                                                                                                                                                                                                                             |                 |                                                           |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AGENCY ACTIONS                                                                           | FEES TO BE PAID                                                                                                                                                                                                                                                        | PROCESSING TIME | PERSON RESPONSIBLE                                        |
| 1.) Submit the required documents for initial assessment and verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.) Receive the required documents and check for completeness and correctness of entries | None                                                                                                                                                                                                                                                                   | 5 minutes       | <i>Administrative Aide/Registration Officer</i>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.1) Instruct applicants to fill-out the Application for Marriage License (AML) Form     | None                                                                                                                                                                                                                                                                   | 3 minutes       | <i>Administrative Aide/Registration Officer</i>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.2) Issue order of payment, and advise client to pay the required fee at the            | PhP 390.00                                                                                                                                                                                                                                                             | 1 minute        | <i>Administrative Aide/Assistant/Registration Officer</i> |

|                                                                                                                          |                                                                     |                            |                     |                                                                              |
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|                                                                                                                          | cashier, City Treasurer's Office                                    |                            |                     |                                                                              |
| 2.) Return and submit the properly filled-out AML and MEI forms together with the Official Receipt/OR (proof of payment) | 2.) Attach OR on the submitted documents                            | None                       | 1 minute            | <i>Administrative Aide/ Assistant/ Registration Officer</i>                  |
| 3.) Sign in the client logbook and receive the claim slip                                                                | 3.) Give the logbook to the client                                  | None                       | 1 minute            | <i>Administrative Aide/ Assistant/ Registration Officer</i>                  |
|                                                                                                                          | 3.1) Issue claim slip                                               | None                       | 1 minute            | <i>Administrative Aide/ Assistant/ Registration Officer</i>                  |
|                                                                                                                          | 3.2) Start processing the application, and post for ten (10) days   | None                       | 10 days, 20 minutes | <i>Administrative Aide/ Assistant/ Registration Officer/ Civil Registrar</i> |
| 4.) Present Valid ID and claim slip on the release date                                                                  | 4.) Retrieve the claim slip                                         | None                       | 1 minute            | <i>Administrative Aide/ Assistant/ Registration Officer</i>                  |
| 5.) Sign in the client logbook and receive the Marriage License                                                          | 5.) Give the logbook to the client and release the Marriage License | None                       | 2 minutes           | <i>Administrative Aide/ Assistant/ Registration Officer</i>                  |
| <b>TOTAL FEES TO BE PAID</b>                                                                                             |                                                                     | <b>PhP 390.00</b>          |                     |                                                                              |
| <b>TOTAL PROCESSING TIME</b>                                                                                             |                                                                     | <b>10 DAYS, 35 MINUTES</b> |                     |                                                                              |



## 11. REQUEST FOR PARENTAL ADVICE/CONSENT

Parent/s, guardian/s, or person/s having legal charge of the applicant/s for marriage license appear before the Civil Registrar of the city or municipality where they habitually reside to give parental advice/consent to their child or ward to be sent to the Civil Registrar of the city or municipality where the application for marriage was filed.

|                                                                                                                                                                               |                                                                                                                                                          |                                                                                        |                        |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------|---------------------------------|
| <b>Office or Division:</b>                                                                                                                                                    | Office of the City Civil Registrar, Registration Division, Application for Marriage License Section                                                      |                                                                                        |                        |                                 |
| <b>Classification:</b>                                                                                                                                                        | Simple [Rule 48 (5), AO 1 s 1993 (IRR Act No. 3753)]                                                                                                     |                                                                                        |                        |                                 |
| <b>Type of Transaction:</b>                                                                                                                                                   | G2C-Government to Citizen                                                                                                                                |                                                                                        |                        |                                 |
| <b>Who may avail:</b>                                                                                                                                                         | 1.) Parent/s of the applicant/s for marriage license;<br>2.) Guardian/s; or<br>3.) Person/s having legal charge of the applicant/s for marriage license. |                                                                                        |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                              |                                                                                                                                                          | <b>WHERE TO SECURE</b>                                                                 |                        |                                 |
| PSA copy of Certificate of Live Birth of the applicant for marriage license<br>( <i>present original and photocopy</i> )                                                      |                                                                                                                                                          | Philippine Statistics Authority                                                        |                        |                                 |
| Valid Government issued ID card of parent/s, guardian/s, or person/s having legal charge of the applicant/s for marriage license<br>( <i>present original and photocopy</i> ) |                                                                                                                                                          | PHIL ID, ePHIL GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC |                        |                                 |
| Official Receipt                                                                                                                                                              |                                                                                                                                                          | City Treasurer's Office                                                                |                        |                                 |
| <b>CLIENT STEPS</b>                                                                                                                                                           | <b>AGENCY ACTIONS</b>                                                                                                                                    | <b>FEES TO BE PAID</b>                                                                 | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1.) Submit the required document/s for initial assessment and verification                                                                                                    | 1.) Receive the required documents and check for correctness of entries                                                                                  | None                                                                                   | 2 minutes              | <i>Administrative Assistant</i> |
|                                                                                                                                                                               | 1.1) Issue order of payment, and advise client to pay the required fee at the cashier, City Treasurer's Office                                           | PhP 130.00                                                                             | 1 minute               | <i>Administrative Assistant</i> |

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|                                                                                     |                                                                                                             |                   |                           |                                                                        |
| 2.) Client pays the required fee, and submit Official Receipt/OR (proof of payment) | 2.) Attach OR on the submitted document/s<br><br>2.1 Start processing the requested Parental Consent/Advice | None<br><br>None  | 1 minute<br><br>4 minutes | <i>Administrative Assistant</i><br><br><i>Administrative Assistant</i> |
| 3.) Sign in the client logbook and receive the Parental Consent/Advice              | 3.) Give the logbook to the client<br><br>3.1) Issue the Parental Consent/Advice                            | None<br><br>None  | 1 minute<br><br>1 minute  | <i>Administrative Assistant</i><br><br><i>Administrative Assistant</i> |
| <b>TOTAL FEES TO BE PAID</b>                                                        |                                                                                                             | <b>PhP 130.00</b> |                           |                                                                        |
| <b>TOTAL PROCESSING TIME</b>                                                        |                                                                                                             | <b>MINUTES</b>    |                           |                                                                        |

## 12. REQUEST FOR ELECTRONIC ENDORSEMENT OF CURRENTLY REGISTERED CIVIL REGISTRY DOCUMENT (SECPA)

In case of immediate necessity for PSA certification in security paper (SECPA) of currently registered civil registry document (birth, death/fetal death, marriage), the concerned party/ies may request for this service; provided, such request is made on the month and year said civil registry document was registered.

|                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                   |                        |                                 |
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| <b>Office or Division:</b>                                                                                                                                                                                                                        |                                      | Office of the City Civil Registrar, Registration Division                                                                                         |                        |                                 |
| <b>Classification:</b>                                                                                                                                                                                                                            |                                      | Simple [Circular No. 98-1 dated 08 September, 1998/Memorandum Circular dated 18 February, 2005]                                                   |                        |                                 |
| <b>Type of Transaction:</b>                                                                                                                                                                                                                       |                                      | G2C-Government to Citizen/G2G-Government to Government                                                                                            |                        |                                 |
| <b>Who may avail:</b>                                                                                                                                                                                                                             |                                      | 1.) Parent/s of the Child;<br>2.) Document Owner/s;<br>Nearest relative of the deceased such as surviving spouse, child/ren, parent/s, sibling/s. |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                  |                                      | <b>WHERE TO SECURE</b>                                                                                                                            |                        |                                 |
| Owner's and OCRG Copies of Registered Civil Registry Document                                                                                                                                                                                     |                                      | Document Owner/s and Civil Registry Office                                                                                                        |                        |                                 |
| Valid Government issued ID card of parent/s, document owner/s, nearest relative of the deceased such as surviving spouse, child/ren, parent/s, sibling/s (or authorized representative, if applicable)<br><i>(present original and photocopy)</i> |                                      | PHIL ID, ePHIL GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC                                                            |                        |                                 |
| Proof of Urgency                                                                                                                                                                                                                                  |                                      | Documents showing purpose/use of endorsement (ex. Passport, visa application, claims or alike requiring PSA copy of COLB, MC or DC.)              |                        |                                 |
| Written Letter Request to PSA for electronic endorsement.                                                                                                                                                                                         |                                      |                                                                                                                                                   |                        |                                 |
| Authorization Letter, if applicable                                                                                                                                                                                                               |                                      | Parent/s, Document Owner/s, Nearest Relative of the Deceased such as surviving spouse, child/ren, parent/s, sibling/s                             |                        |                                 |
| Official Receipt                                                                                                                                                                                                                                  |                                      | City Treasurer's Office                                                                                                                           |                        |                                 |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                               | <b>AGENCY ACTIONS</b>                | <b>FEES TO BE PAID</b>                                                                                                                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1.) Present the owner's copy of registered civil                                                                                                                                                                                                  | 1.) Receive the required document/s, | None                                                                                                                                              | 3 minutes              | <i>Administrative Assistant</i> |

|                                                                                     |                                                                                                                                                             |                   |                           |                                                                        |
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| registry document and valid ID for initial assessment and verification              | and compare the same to the OCRG copy<br><br>1.1) Issue order of payment, and advise client to pay the required fee at the cashier, City Treasurer's Office | PhP 195.00        | 1 minute                  | <i>Administrative Assistant</i>                                        |
| 2.) Client pays the required fee, and submit Official Receipt/OR (proof of payment) | 2.) Attach OR on the submitted document/s<br><br>2.1 Start processing the requested endorsement                                                             | None<br><br>None  | 1 minute<br><br>5 minutes | <i>Administrative Assistant</i><br><br><i>Administrative Assistant</i> |
| 3.) Issue a Slip as proof of Electronic Endorsement                                 | 3.) The Client will be advise to request the PSA Copy after a month at the PSA-Rizal CRS Outlet.                                                            | None              | 5 minutes                 | <i>Administrative Assistant</i>                                        |
| <b>TOTAL FEES TO BE PAID</b>                                                        |                                                                                                                                                             | <b>PhP 195.00</b> |                           |                                                                        |
| <b>TOTAL PROCESSING TIME</b>                                                        |                                                                                                                                                             | <b>15 MINUTES</b> |                           |                                                                        |

### 13. REQUEST FOR PIECEMEAL SUBMISSION/ENDORSEMENT OF REGISTERED CIVIL REGISTRY DOCUMENT (OUT-OF-TOWN)

In case when the concerned party/ies are holder/s of registered civil registry documents (birth, death/fetal death, marriage) but request for PSA certification in security paper (SECPA) yielded negative result, the concerned party/ies may request for this service. Such a request is otherwise mailed to the civil registry office which registered the document, and in turn sends the said document to the OCRG.

|                                                                                                                                                                                                                                                     |                                                                                                                                                       |                                                                                                                       |                        |                                 |
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| <b>Office or Division:</b>                                                                                                                                                                                                                          | Office of the City Civil Registrar, Registration Division                                                                                             |                                                                                                                       |                        |                                 |
| <b>Classification:</b>                                                                                                                                                                                                                              | Simple [Circular No. 98-1 dated 08 September, 1998/Memorandum Circular dated 18 February, 2005]                                                       |                                                                                                                       |                        |                                 |
| <b>Type of Transaction:</b>                                                                                                                                                                                                                         | G2C-Government to Citizen/G2G-Government to Government                                                                                                |                                                                                                                       |                        |                                 |
| <b>Who may avail:</b>                                                                                                                                                                                                                               | 1.) Parent/s of the Child;<br>2.) Document Owner/s;<br>3.) Nearest relative of the deceased such as surviving spouse, child/ren, parent/s, sibling/s. |                                                                                                                       |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                    |                                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                                |                        |                                 |
| Owner's Copy of Registered Civil Registry Document<br>( <i>present original and photocopy</i> )                                                                                                                                                     |                                                                                                                                                       | Document Owner/s                                                                                                      |                        |                                 |
| PSA Negative Certification                                                                                                                                                                                                                          |                                                                                                                                                       | Philippine Statistics Authority                                                                                       |                        |                                 |
| Valid Government issued ID card of parent/s, document owner/s, nearest relative of the deceased such as surviving spouse, child/ren, parent/s, sibling/s (or authorized representative, if applicable)<br>( <i>present original and photocopy</i> ) |                                                                                                                                                       | GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC, PhilID/ePhilID                               |                        |                                 |
| Authorization Letter, if applicable                                                                                                                                                                                                                 |                                                                                                                                                       | Parent/s, Document Owner/s, Nearest Relative of the Deceased such as surviving spouse, child/ren, parent/s, sibling/s |                        |                                 |
| Official Receipt                                                                                                                                                                                                                                    |                                                                                                                                                       | City Treasurer's Office                                                                                               |                        |                                 |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                 | <b>AGENCY ACTIONS</b>                                                                                                                                 | <b>FEES TO BE PAID</b>                                                                                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1.) Present the required documents and valid ID for initial assessment and verification                                                                                                                                                             | 1.) Receive the required document/s for checking and verification                                                                                     | None                                                                                                                  | 3 minutes              | <i>Administrative Assistant</i> |
|                                                                                                                                                                                                                                                     | 1.1) Issue order of payment, and advise client to pay the required fee at                                                                             | PhP 330.00                                                                                                            | 1 minute               | <i>Administrative Assistant</i> |

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|                                                                                     | the cashier, City Treasurer's Office                                                        |                   |           |                                 |
| 2.) Client pays the required fee, and submit Official Receipt/OR (proof of payment) | 2.) Attach OR on the submitted document/s                                                   | None              | 1 minute  | <i>Administrative Assistant</i> |
|                                                                                     | 2.1 Start processing the requested endorsement                                              | None              | 5 minutes | <i>Administrative Assistant</i> |
| 3.) Sign in the client logbook and receive the processed endorsement                | 3.) Give the logbook to the client                                                          | None              | 1 minute  | <i>Administrative Assistant</i> |
|                                                                                     | 3.1) Advise client to mail the processed endorsement to the concerned civil registry office | None              | 1 minute  | <i>Administrative Assistant</i> |
| 4.) Return proof of mailing                                                         | 4.) Receive proof of mailing                                                                | None              | 1 minute  | <i>Administrative Assistant</i> |
| <b>TOTAL FEES TO BE PAID</b>                                                        |                                                                                             | <b>PhP 330.00</b> |           |                                 |
| <b>TOTAL PROCESSING TIME</b>                                                        |                                                                                             | <b>13 MINUTES</b> |           |                                 |

## 14. REGISTRATION OF COURT ORDER/DECREE

Court decrees affecting the civil status of persons shall be registered both in the local civil registry of the place where the petition was granted and in the local civil registry where the affected document is registered. The most common types of court decree registration are nullity of marriage, adoption, recognition of foreign divorce and correction of entries.

|                                                                                                  |                                                                           |                                                                                                     |                                                                                            |                                                     |
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| Office or Division:                                                                              | Office of the City Civil Registrar, Petitions & Miscellaneous Filing Unit |                                                                                                     |                                                                                            |                                                     |
| Classification:                                                                                  | Simple                                                                    |                                                                                                     |                                                                                            |                                                     |
| Type of transaction:                                                                             | G2C – Government to Citizen; G2G – Government to Government               |                                                                                                     |                                                                                            |                                                     |
| Who may avail:                                                                                   | All                                                                       |                                                                                                     |                                                                                            |                                                     |
| CHECKLIST OF REQUIREMENTS                                                                        |                                                                           |                                                                                                     | WHERE TO SECURE                                                                            |                                                     |
| Court granting the petition is in Antipolo                                                       |                                                                           |                                                                                                     |                                                                                            |                                                     |
| Court Decision (4 certified true copies)                                                         |                                                                           |                                                                                                     | Branch of court where petition was granted                                                 |                                                     |
| Certificate of Finality/ Entry of Judgment (4 certified true copies)                             |                                                                           |                                                                                                     | Branch of court where petition was granted                                                 |                                                     |
| Court granting the petition is in another city/municipality                                      |                                                                           |                                                                                                     |                                                                                            |                                                     |
| Court decision (2 certified true copies)                                                         |                                                                           |                                                                                                     | Branch of court where petition was granted                                                 |                                                     |
| Certificate of Finality/ Entry of Judgment (2 certified true copies)                             |                                                                           |                                                                                                     | Branch of court where petition was granted                                                 |                                                     |
| Certificate of Registration (2 original)                                                         |                                                                           |                                                                                                     | Local Civil Registry of the city/municipality where court granting the petition is located |                                                     |
| Certificate of Authenticity (2 original)                                                         |                                                                           |                                                                                                     | Local Civil Registry of the city/municipality where court granting the petition is located |                                                     |
| CLIENT STEPS                                                                                     | AGENCY ACTIONS                                                            | FEES TO BE PAID                                                                                     | PROCESSING TIME                                                                            | PERSON RESPONSIBLE                                  |
| Court granting the petition is in Antipolo                                                       |                                                                           |                                                                                                     |                                                                                            |                                                     |
| 1. Submit the requirements to the Office of the City Civil Registrar (OCCR).                     | 1.1 Evaluate the documents.<br><br>1.2 Issue Order of Payment.            | None                                                                                                | 2 minutes                                                                                  | Registration Officer                                |
| 2. Proceed to the designated Payment Window of the City Treasurer’s Office, present the Order of | 2.Receive payment and issue Official Receipt.                             | <ul style="list-style-type: none"><li>Registry Fee (pls. refer to schedule of fees below)</li></ul> | 3 minutes                                                                                  | Revenue Collection Clerk<br>City Treasurer’s Office |

|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                |
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| Payment and pay the corresponding fee/s.                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• Certified true</li> <li>• Copy</li> <li>• ₱50.00/page</li> <li>• Certificate of Authenticity - ₱100.00</li> <li>• Annotation - ₱100.00 (<i>if affected record is in Antipolo</i>)</li> <li>• Amended birth certificate - ₱100.00 (<i>for adoption cases only</i>)</li> </ul> |                                                                                      |                                                                                                                                                                                |
| 3. Return to OCCR and present the Official Receipt for the issuance of certified true copy of the COLB with annotation. | <p>3.1 Prepare the Certificate of Registration and the Certificate of Authenticity.</p> <p>3.2 Prepare annotation / amendment of the Certificate of Live Birth (COLB) and stamp "certified true copy" on the documents.</p> <p>3.3 Review and sign the documents</p> <p>3.4 Sort the documents and brief the client on subsequent transaction with PSA and or other local civil registry office</p> | None                                                                                                                                                                                                                                                                                                                  | <p>7 minutes</p> <p>10 minutes</p> <p>5 minutes</p> <p>2 minutes</p> <p>1 minute</p> | <p><i>Registration Officer</i></p> <p><i>Registration Officer</i></p> <p><i>City Civil Registrar</i></p> <p><i>Registration Officer</i></p> <p><i>Registration Officer</i></p> |



|                                                                                                                      |                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |            |                                                             |
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|                                                                                                                      | <p>3.5 Release the copy to be forwarded to PSA / other LCRO.</p> <p>3.6 If affected document is registered in another city / municipality, send by mail the registration documents to LCR concerned.</p> |                                                                                                                                                                                                                                   |            |                                                             |
| TOTAL                                                                                                                |                                                                                                                                                                                                          | <p>Fixed: ₱100.00 (Certificate of Authenticity)</p> <p>Case to Case:<br/>Registry Fee (refer to schedule of fees)<br/>Certified copy = no. of pages X ₱50.00<br/>Annotation - ₱100.00<br/>Amended birth certificate - ₱100.00</p> | 30 minutes |                                                             |
| <b>Court granting the petition is in another city/municipality</b>                                                   |                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |            |                                                             |
| 1. Visit OCCR and inquire on the receipt of the court decree from other local civil registry office.                 | <p>1.1 Check if the court decree is already on file.</p> <p>1.2 Issue Order of Payment.</p>                                                                                                              | None                                                                                                                                                                                                                              | 2 minutes  | <i>Registration Officer</i>                                 |
| 2. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the | 2. Receive payment and issue Official Receipt.                                                                                                                                                           | <ul style="list-style-type: none"> <li>Registry Fee (pls. refer to schedule of fees below)</li> <li>Certified true copy - ₱50.00/page</li> <li>Certificate of Authenticity - ₱100.00</li> <li>Annotation - ₱100.00</li> </ul>     | 3 minutes  | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i> |

|                                                                                                                         |                                                                                                                               |                                                                                                                                                                                                                                     |            |                      |
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| corresponding fee/s.                                                                                                    |                                                                                                                               | <ul style="list-style-type: none"> <li>Amended birth certificate - ₱100.00 (for adoption cases only)</li> </ul>                                                                                                                     |            |                      |
| 3. Return to OCCR and present the Official Receipt for the issuance of certified true copy of the COLB with annotation. | 3.1. Prepare annotation / amendment of the Certificate of Live Birth (COLB) and stamp "certified true copy" on the documents. | None                                                                                                                                                                                                                                | 10 minutes | Registration Officer |
|                                                                                                                         | 3.2 Review and sign the documents.                                                                                            |                                                                                                                                                                                                                                     | 5 minutes  | City Civil Registrar |
|                                                                                                                         | 3.3 Sort the documents and brief the client on subsequent transaction with PSA.                                               |                                                                                                                                                                                                                                     | 2 minutes  | Registration Officer |
|                                                                                                                         | 3.4 Release the copy to be forwarded to PSA.                                                                                  |                                                                                                                                                                                                                                     | 1 minute   | Registration Officer |
|                                                                                                                         | TOTAL                                                                                                                         |                                                                                                                                                                                                                                     | 23 minutes |                      |
|                                                                                                                         |                                                                                                                               | Case to Case: <ul style="list-style-type: none"> <li>Registry Fee (refer to schedule of fees)</li> <li>Certified copy = no. of pages X ₱50.00</li> <li>Annotation - ₱100.00</li> <li>Amended birth certificate - ₱100.00</li> </ul> |            |                      |

|                                       |            |
|---------------------------------------|------------|
| Registry Fee for Common Transactions: |            |
| Nullity of Marriage                   | ₱ 1,950.00 |
| Adoption                              | ₱ 650.00   |
| Recognition of Foreign Divorce        | ₱ 1,950.00 |
| Correction of Entry/ies               | ₱ 260.00   |

## 15. REGISTRATION OF LEGAL INSTRUMENTS

A legal instrument concerning the civil status of a person shall be registered in the Local Civil Registry. Common legal instruments include the following:

- Affidavit of Acknowledgement / Admission of Paternity – a public document executed by the biological father establishing paternal relationship with the child.
- Affidavit of Legitimation – is a remedy where children born prior to their parents' marriage are, by fiction, considered legitimate.
- Affidavit to Use the Surname of the Father (AUSF) pursuant to Republic Act No. 9255.
- Registration Pre-Nuptial Agreement
- Registration Election of Citizenship
- Legal Capacity to Marry issued by the Consulates, Foreign Ministries and Embassy in the Philippines

|                                                                                                     |                                                                        |                 |                                                                                                                                                                                                           |                                 |
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| Office or Division:                                                                                 | Office of the City Civil Registrar, Registration Division              |                 |                                                                                                                                                                                                           |                                 |
| Classification:                                                                                     | Simple                                                                 |                 |                                                                                                                                                                                                           |                                 |
| Type of transaction:                                                                                | G2C – Government to Citizen; G2G – Government to Government            |                 |                                                                                                                                                                                                           |                                 |
| Who may avail:                                                                                      | All                                                                    |                 |                                                                                                                                                                                                           |                                 |
| CHECKLIST OF REQUIREMENTS                                                                           |                                                                        |                 | WHERE TO SECURE                                                                                                                                                                                           |                                 |
| Legal instrument (4 copies)                                                                         |                                                                        |                 | Template available at City Civil Registry; execute at any Notary Public                                                                                                                                   |                                 |
| Government-issued ID/ Community Tax Certificate ( <i>cedula</i> )                                   |                                                                        |                 | PHIL ID, ePHIL GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC For the <i>cedula</i> , at the local government office of the city/municipality/ barangay where registrant resides |                                 |
| For legitimation                                                                                    |                                                                        |                 |                                                                                                                                                                                                           |                                 |
| Advisory on Marriage for both parents                                                               |                                                                        |                 | Philippine Statistics Authority (main office or any Serbilis Centers)                                                                                                                                     |                                 |
| Certificate of Marriage                                                                             |                                                                        |                 | Philippine Statistics Authority (main office or any Serbilis Centers)                                                                                                                                     |                                 |
| Certificate of Death (if one parent is already deceased)                                            |                                                                        |                 | Philippine Statistics Authority (main office or any Serbilis Centers)                                                                                                                                     |                                 |
| CLIENT STEPS                                                                                        | AGENCY ACTIONS                                                         | FEES TO BE PAID | PROCESSING TIME                                                                                                                                                                                           | PERSON RESPONSIBLE              |
| 1. Submit the requirements to the Office of the City Civil Registrar (OCCR) and provide information | 1.1 Check the documents as to completeness and correctness of entries. | None            | 3 minutes                                                                                                                                                                                                 | Registration Division Personnel |

|                                                                                                                                           |                                                                                                                                                                     |                                                                                                                                                                                   |                                                             |                                                                                                                                                                   |
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| during the interview.                                                                                                                     | 1.2 Assign registry number.<br><br>1.3.Retrieve the CCR's copy of the Certificate of Live Birth (COLB) from file.<br><br>1.4 Issue Order of Payment.                |                                                                                                                                                                                   | 5 minutes                                                   | <i>Records Section Personnel</i>                                                                                                                                  |
| 2. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2. Receive payment and issue Official Receipt.                                                                                                                      | <ul style="list-style-type: none"> <li>• Registry Fee - ₱260.00 (for common transactions)</li> <li>• Certified true copy - ₱100.00/set</li> <li>• Annotation - ₱100.00</li> </ul> | 3 minutes                                                   | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i>                                                                                                       |
| 3.Return to OCCR and present the Official Receipt for annotation and certification of the COLB.                                           | 3.1 Prepare annotation and certification<br><br>3.2 Affix annotation to the COLB.<br><br>3.3 Photocopy the document.<br><br>3.4 Sign the annotation / certification | None                                                                                                                                                                              | 5 minutes<br><br>2 minutes<br><br>5 minutes<br><br>1 minute | <i>Registration Officer</i><br><br><br><i>Registration Officer</i><br><br><br><i>Admin. Aide</i><br><br><br><i>City Civil Registrar/<br/>Registration Officer</i> |
| 4. Claim the annotated COLB with its supporting documents.                                                                                | Release the client's copy of the duly registered legal instrument with its supporting documents.                                                                    | None                                                                                                                                                                              | 1 minute                                                    | <i>Registration Division Personnel</i>                                                                                                                            |
| TOTAL                                                                                                                                     |                                                                                                                                                                     | ₱460.00                                                                                                                                                                           | 25 minutes                                                  |                                                                                                                                                                   |

## FOR AFFIDAVIT OF ACKNOWLEDGEMENT / ADMISSION OF PATERNITY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                   |                                                                                    |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Office or Division:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Office of the City Civil Registrar, Registration Division                       |                                                                                                                                                   |                                                                                    |                                                             |
| <b>Classification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Simple                                                                          |                                                                                                                                                   |                                                                                    |                                                             |
| <b>Type of transaction:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen; G2G – Government to Government                     |                                                                                                                                                   |                                                                                    |                                                             |
| <b>Who may avail:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | All                                                                             |                                                                                                                                                   |                                                                                    |                                                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                                                                                   | <b>WHERE TO SECURE</b>                                                             |                                                             |
| <ul style="list-style-type: none"> <li>• PSA copy of Birth Certificate Original</li> <li>• Any two of the following supporting documents: <ul style="list-style-type: none"> <li>- Original Baptismal Certificate;</li> <li>- Immunization Record</li> <li>- Pre-Natal Check-up of Mother</li> <li>- Medical Records;</li> <li>- SSS E1 or E4, GSIS, ITR, Philhealth MDR and Insurance of the Father (child declared as beneficiary; Report Card, Form 137 with father;</li> </ul> </li> </ul> |                                                                                 |                                                                                                                                                   | Philippine Statistics Authority<br>Documents to be presented as proof of paternity |                                                             |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTIONS</b>                                                           | <b>FEES TO BE PAID</b>                                                                                                                            | <b>PROCESSING TIME</b>                                                             | <b>PERSON RESPONSIBLE</b>                                   |
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR) and provide information during the interview.                                                                                                                                                                                                                                                                                                                                                                     | 1. Check the documents as to completeness and correctness of entries.           | None                                                                                                                                              | 3 minutes                                                                          | <i>Registration Division Personnel</i>                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.1 Assign registry number.                                                     |                                                                                                                                                   | 5 minutes                                                                          | <i>Records Section Personnel</i>                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.2 Retrieve the OCCR's copy of the Certificate of Live Birth (COLB) from file. |                                                                                                                                                   |                                                                                    |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.3 Issue Order of Payment.                                                     |                                                                                                                                                   |                                                                                    |                                                             |
| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s.                                                                                                                                                                                                                                                                                                                                                     | 2.) Receive payment and issue Official Receipt.                                 | <ul style="list-style-type: none"> <li>• Registry Fee - ₱260.00 (for common transactions)</li> <li>• Certified true copy - ₱100.00/set</li> </ul> | 3 minutes                                                                          | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i> |

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|                                                                                                   |                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Annotation - ₱100.00</li> </ul> |                                                             |                                                                                                                                                   |
| 3.) Return to OCCR and present the Official Receipt for annotation and certification of the COLB. | 3.1) Prepare annotation and certification.<br><br>3.2) Affix annotation to the COLB.<br><br>3.3) Photocopy the documents.<br><br>3.4.) Sign the annotation / certification. | None                                                                   | 5 minutes<br><br>2 minutes<br><br>5 minutes<br><br>1 minute | <i>Registration Officer</i><br><br><i>Registration Officer</i><br><br><i>Admin. Aide</i><br><br><i>City Civil Registrar/ Registration Officer</i> |
| 4.) Claim the annotated COLB with its supporting documents.                                       | 4.) Release the client's copy of the duly registered legal instrument with its supporting documents.                                                                        | None                                                                   | 1 minute                                                    | <i>Registration Division Personnel</i>                                                                                                            |
| TOTAL                                                                                             |                                                                                                                                                                             | ₱460.00                                                                | 25 minutes                                                  |                                                                                                                                                   |

### **AFFIDAVIT TO USE THE SURNAME OF THE FATHER (AUSF) PURSUANT TO REPUBLIC ACT NO. 9255**

| <b>Office or Division:</b>                                                                                                                                                                           | Office of the City Civil Registrar, Registration Division   |                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------|--|
| <b>Classification:</b>                                                                                                                                                                               | Simple                                                      |                                   |  |
| <b>Type of transaction:</b>                                                                                                                                                                          | G2C – Government to Citizen; G2G – Government to Government |                                   |  |
| <b>Who may avail:</b>                                                                                                                                                                                | All                                                         |                                   |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                            |                                                             | WHERE TO SECURE                   |  |
| With Affidavit of Acknowledgement / Admission of Paternity                                                                                                                                           |                                                             | Duly Registered at LCRO concerned |  |
| <ul style="list-style-type: none"> <li>For child ages 0-6 years old Affidavit to Use the Surname of the Father (AUSF) executed by the mother</li> </ul>                                              |                                                             | Notary Public                     |  |
| <ul style="list-style-type: none"> <li>For child ages 7-17 years old Affidavit to Use the Surname of the Father (AUSF) executed by the child and Sworn Attestation executed by the mother</li> </ul> |                                                             | Notary Public                     |  |
| <ul style="list-style-type: none"> <li>For child ages 18 years old and above Affidavit to Use the Surname of the Father (AUSF) executed by the child</li> </ul>                                      |                                                             | Notary Public                     |  |

| CLIENT STEPS                                                                                                                               | AGENCY ACTIONS                                                                   | FEEES TO BE PAID                                                                                                                                                                  | PROCESSING TIME | PERSON RESPONSIBLE                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------|
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR) and provide information during the interview.                 | 1.) Check the documents as to completeness and correctness of entries.           | None                                                                                                                                                                              | 3 minutes       | <i>Registration Division Personnel</i>                      |
|                                                                                                                                            | 1.1) Assign registry number.                                                     |                                                                                                                                                                                   | 5 minutes       | <i>Records Section Personnel</i>                            |
|                                                                                                                                            | 1.2) Retrieve the OCCR's copy of the Certificate of Live Birth (COLB) from file. |                                                                                                                                                                                   |                 |                                                             |
|                                                                                                                                            | 1.3) Issue Order of Payment.                                                     |                                                                                                                                                                                   |                 |                                                             |
| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2.) Receive payment and issue Official Receipt.                                  | <ul style="list-style-type: none"> <li>• Registry Fee - ₱260.00 (for common transactions)</li> <li>• Certified true copy - ₱100.00/set</li> <li>• Annotation - ₱100.00</li> </ul> | 3 minutes       | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i> |
| 3.) Return to OCCR and present the Official Receipt for annotation and certification of the COLB.                                          | 3.1) Prepare annotation and certification.                                       | None                                                                                                                                                                              | 5 minutes       | <i>Registration Officer</i>                                 |
|                                                                                                                                            | 3.2) Affix annotation to the COLB.                                               |                                                                                                                                                                                   | 2 minutes       | <i>Registration Officer</i>                                 |
|                                                                                                                                            | 3.3) Photocopy the documents.                                                    |                                                                                                                                                                                   | 5 minutes       | <i>Admin. Aide</i>                                          |
|                                                                                                                                            | 3.4.) Sign the annotation / certification.                                       |                                                                                                                                                                                   | 1 minute        | <i>City Civil Registrar/<br/>Registration Officer</i>       |



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|                                                             |                                                                                                      |         |            |                                        |
| 4.) Claim the annotated COLB with its supporting documents. | 4.) Release the client's copy of the duly registered legal instrument with its supporting documents. | None    | 1 minute   | <i>Registration Division Personnel</i> |
| TOTAL                                                       |                                                                                                      | ₱460.00 | 25 minutes |                                        |

## REGISTRATION OF LEGAL CAPACITY

|                                                                                                                                            |                                                                                                                                     |                                                                                                                 |                                                           |                                                                   |
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| <b>Office or Division:</b>                                                                                                                 | Office of the City Civil Registrar, Registration Division                                                                           |                                                                                                                 |                                                           |                                                                   |
| <b>Classification:</b>                                                                                                                     | Simple                                                                                                                              |                                                                                                                 |                                                           |                                                                   |
| <b>Type of transaction:</b>                                                                                                                | G2C – Government to Citizen; G2G – Government to Government                                                                         |                                                                                                                 |                                                           |                                                                   |
| <b>Who may avail:</b>                                                                                                                      | All foreign nationals who wishes to apply marriage license to contract marriage with a Filipina who is a resident of Antipolo City. |                                                                                                                 |                                                           |                                                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                           |                                                                                                                                     |                                                                                                                 | <b>WHERE TO SECURE</b>                                    |                                                                   |
| Legal Capacity to Marry/ Certificate of No Legal Impediment                                                                                |                                                                                                                                     |                                                                                                                 | Diplomatic Office in the Philippines                      |                                                                   |
| Photocopy of Passport                                                                                                                      |                                                                                                                                     |                                                                                                                 | Country of Origin                                         |                                                                   |
| Other documents may be required (Divorce Papers, Acquisition of Citizenship, Re-acquisition of Citizenship ect.)                           |                                                                                                                                     |                                                                                                                 | Diplomatic Office in the Philippines<br>Country of Origin |                                                                   |
| <b>CLIENT STEPS</b>                                                                                                                        | <b>AGENCY ACTIONS</b>                                                                                                               | <b>FEES TO BE PAID</b>                                                                                          | <b>PROCESSING TIME</b>                                    | <b>PERSON RESPONSIBLE</b>                                         |
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR)                                                               | 1.1) Check the documents as to completeness and correctness of entries.                                                             | None                                                                                                            | 5 minutes                                                 | <i>Administrative Aide /Aide IV/<br/>Registration Officer III</i> |
|                                                                                                                                            | 1.2) Issue order of Payment                                                                                                         | None                                                                                                            | 1 minute                                                  | <i>Administrative Aide /Aide IV/<br/>Registration Officer III</i> |
| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2.) Receive payment and issue Official Receipt.                                                                                     | <ul style="list-style-type: none"> <li>Registry Fee -P650.00</li> <li>-100.00 1 set of CTC documents</li> </ul> | 5 minutes                                                 | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i>       |
| 3.) Return to OCCR and present the Official Receipt for Certification Issuance                                                             | 3.1.) Prepare certification                                                                                                         | None                                                                                                            | 5 minutes                                                 | <i>Administrative Aide /Aide IV/<br/>Registration Officer III</i> |
|                                                                                                                                            | 3.2.) Photocopy the documents.                                                                                                      | None                                                                                                            | 5 minutes                                                 | <i>Administrative Aide /Aide IV/<br/>Registration Officer III</i> |

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|                             | 3.3) Sign the certification.                                                                         | None           | 1 minute          | <i>City Civil City<br/>Civil Registrar/<br/>Registration<br/>Officer</i>  |
| 4.) Claim the Certification | 4.) Release the client's copy of the duly registered legal instrument with its supporting documents. | None           | 1 minute          | <i>Administrative<br/>Aide /Aide IV/<br/>Registration<br/>Officer III</i> |
| <b>TOTAL</b>                |                                                                                                      | <b>₱750.00</b> | <b>23 minutes</b> |                                                                           |

## 16. REGISTRATION OF PRE-NUPTIAL AGREEMENT

|                                                                                                                               |                                                                                                                |                                                                                                                 |                                                                                                                                                                                                           |                                                                                                                                    |
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| <b>Office or Division:</b>                                                                                                    | Office of the City Civil Registrar, Registration Division                                                      |                                                                                                                 |                                                                                                                                                                                                           |                                                                                                                                    |
| <b>Classification:</b>                                                                                                        | Simple                                                                                                         |                                                                                                                 |                                                                                                                                                                                                           |                                                                                                                                    |
| <b>Type of transaction:</b>                                                                                                   | G2C – Government to Citizen; G2G – Government to Government                                                    |                                                                                                                 |                                                                                                                                                                                                           |                                                                                                                                    |
| <b>Who may avail:</b>                                                                                                         | All couples who will get married in Antipolo City/ Authorized Representative.                                  |                                                                                                                 |                                                                                                                                                                                                           |                                                                                                                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                              |                                                                                                                |                                                                                                                 | <b>WHERE TO SECURE</b>                                                                                                                                                                                    |                                                                                                                                    |
| Duly Notarized Pre-Nuptial Agreement                                                                                          |                                                                                                                |                                                                                                                 | Notary Public                                                                                                                                                                                             |                                                                                                                                    |
| Government-issued ID/ Community Tax Certificate ( <i>cedula</i> ) Groom and Bride                                             |                                                                                                                |                                                                                                                 | PHIL ID, ePHIL GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC For the <i>cedula</i> , at the local government office of the city/municipality/ barangay where registrant resides |                                                                                                                                    |
| <b>CLIENT STEPS</b>                                                                                                           | <b>AGENCY ACTIONS</b>                                                                                          | <b>FEES TO BE PAID</b>                                                                                          | <b>PROCESSING TIME</b>                                                                                                                                                                                    | <b>PERSON RESPONSIBLE</b>                                                                                                          |
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR)                                                  | 1.1) Check the documents as to the completeness and correctness of entries.<br><br>1.2) Issue order of Payment | None<br><br>None                                                                                                | 5 minutes<br><br>1 minute                                                                                                                                                                                 | <i>Administrative Aide /Aide IV/ Registration Officer III</i><br><br><i>Administrative Aide /Aide IV/ Registration Officer III</i> |
| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresp | 2.) Receive payment and issue Official Receipt.                                                                | <ul style="list-style-type: none"> <li>Registry Fee -P650.00</li> <li>-100.00 1 set of CTC documents</li> </ul> | 5 minutes                                                                                                                                                                                                 | <i>Revenue Collection Clerk City Treasurer's Office</i>                                                                            |

| ending fee/s.                                                                  |                                                                                                     |               |                   |                                                                                                                                                   |
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| 3.) Return to OCCR and present the Official Receipt for Certification Issuance | 3.1.) Prepare certification\                                                                        | None          | 5 minutes         | <i>Administrative Aide /Aide IV/</i>                                                                                                              |
|                                                                                | 3.2) Photocopy the documents.                                                                       | None          | 5 minutes         | <i>Registration Officer III</i>                                                                                                                   |
|                                                                                | 3.3 Sign the certification.                                                                         | None          | 1 minute          | <i>Administrative Aide /Aide IV/</i><br><i>Registration Officer III</i><br><i>City Civil City Civil Registrar/</i><br><i>Registration Officer</i> |
| 4. ) Claim the Certification                                                   | 4.) Release the client's copy of the duly registered legal instrument with its supporting documents | None          | 1 minute          | <i>Administrative Aide /Aide IV/</i><br><i>Registration Officer III</i>                                                                           |
| <b>TOTAL</b>                                                                   |                                                                                                     | <b>750.00</b> | <b>23 minutes</b> |                                                                                                                                                   |

## 17. REGISTRATION OF ELECTION OF CITIZENSHIP

|                                                                                                                                            |                                                                         |                                                                                                                   |                                                                                                                                                                                                           |                                                               |
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| <b>Office or Division:</b>                                                                                                                 | Office of the City Civil Registrar, Registration Division               |                                                                                                                   |                                                                                                                                                                                                           |                                                               |
| <b>Classification:</b>                                                                                                                     | Simple                                                                  |                                                                                                                   |                                                                                                                                                                                                           |                                                               |
| <b>Type of transaction:</b>                                                                                                                | G2C – Government to Citizen; G2G – Government to Government             |                                                                                                                   |                                                                                                                                                                                                           |                                                               |
| <b>Who may avail:</b>                                                                                                                      | Applicant or Authorized Representative                                  |                                                                                                                   |                                                                                                                                                                                                           |                                                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                           |                                                                         |                                                                                                                   | <b>WHERE TO SECURE</b>                                                                                                                                                                                    |                                                               |
| Duly Notarized Affidavit of Election of Philippine Citizenship (with Oath of Allegiance)                                                   |                                                                         |                                                                                                                   | Notary Public                                                                                                                                                                                             |                                                               |
| Affidavit of Explanation for Delayed Election of Philippine Citizenship (For delayed)                                                      |                                                                         |                                                                                                                   | Notary Public                                                                                                                                                                                             |                                                               |
| Government-issued ID/ Community Tax Certificate ( <i>cedula</i> ) Groom and Bride                                                          |                                                                         |                                                                                                                   | PHIL ID, ePHIL GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HDMF, Barangay, COMELEC For the <i>cedula</i> , at the local government office of the city/municipality/ barangay where registrant resides |                                                               |
| <b>CLIENT STEPS</b>                                                                                                                        | <b>AGENCY ACTIONS</b>                                                   | <b>FEES TO BE PAID</b>                                                                                            | <b>PROCESSING TIME</b>                                                                                                                                                                                    | <b>PERSON RESPONSIBLE</b>                                     |
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR)                                                               | 1.1) Check the documents as to completeness and correctness of entries. | None                                                                                                              | 5 minutes                                                                                                                                                                                                 | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
|                                                                                                                                            | 1.2) Issue order of Payment                                             | None                                                                                                              | 1 minute                                                                                                                                                                                                  | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2.) Receive payment and issue Official Receipt.                         | <ul style="list-style-type: none"> <li>Registry Fee -₱1,300.00</li> <li>-100.00 1 set of CTC documents</li> </ul> | 5 minutes                                                                                                                                                                                                 | <i>Revenue Collection Clerk City Treasurer's Office</i>       |

|                                                                                |                                                                                                      |                  |                   |                                                                           |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------|-------------------|---------------------------------------------------------------------------|
| 3.) Return to OCCR and present the Official Receipt for Certification Issuance | 3.1.) Prepare certification                                                                          | None             | 5 minutes         | <i>Administrative Aide<br/>/Aide IV/<br/>Registration Officer<br/>III</i> |
|                                                                                | 3.2.) Photocopy the documents.                                                                       | None             | 5 minutes         | <i>Administrative Aide<br/>/Aide IV/<br/>Registration Officer<br/>III</i> |
|                                                                                | 3.3) Sign the certification.                                                                         | None             | 1 minute          | <i>City Civil City Civil<br/>Registrar/<br/>Registration Officer</i>      |
| 4.) Claim the Certification                                                    | 4.) Release the client's copy of the duly registered legal instrument with its supporting documents. | None             | 1 minute          | <i>Administrative Aide<br/>/Aide IV/<br/>Registration Officer<br/>III</i> |
| <b>TOTAL</b>                                                                   |                                                                                                      | <b>₱1,450.00</b> | <b>23 minutes</b> |                                                                           |

## 18. OUT-OF-TOWN REPORTING OF LEGAL INSTRUMENTS

A legal instrument concerning the civil status of a person shall be registered in the Local Civil Registry. Common legal instruments include the following:

- Affidavit of Acknowledgement / Admission of Paternity – a public document executed by the biological father establishing paternal relationship with the child.
- Affidavit of Legitimation – is a remedy where children born prior to their parents' marriage are, by fiction, considered legitimate.
- Affidavit to Use the Surname of the Father (AUSF) pursuant to Republic Act No. 9255.

|                                                                                                                            |                                                                                                                                      |                        |                                                                                                                                                                                                           |                                                               |
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| <b>Office or Division:</b>                                                                                                 | Office of the City Civil Registrar, Registration Division                                                                            |                        |                                                                                                                                                                                                           |                                                               |
| <b>Classification:</b>                                                                                                     | Simple                                                                                                                               |                        |                                                                                                                                                                                                           |                                                               |
| <b>Type of transaction:</b>                                                                                                | G2C – Government to Citizen; G2G – Government to Government                                                                          |                        |                                                                                                                                                                                                           |                                                               |
| <b>Who may avail:</b>                                                                                                      | Residents of Antipolo whose birth certificate/ child's birth certificate is registered in other towns outside Rizal and Metro Manila |                        |                                                                                                                                                                                                           |                                                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                           |                                                                                                                                      |                        | <b>WHERE TO SECURE</b>                                                                                                                                                                                    |                                                               |
| Legal instrument (4 copies)                                                                                                |                                                                                                                                      |                        | Template available at City Civil Registry; execute at any Notary Public                                                                                                                                   |                                                               |
| Government-issued ID/ Community Tax Certificate ( <i>cedula</i> )                                                          |                                                                                                                                      |                        | PHIL ID, ePHIL GSIS, SSS, DFA, LTO, BIR, PhilHealth, PhilPost, HMDF, Barangay, COMELEC For the <i>cedula</i> , at the local government office of the city/municipality/ barangay where registrant resides |                                                               |
| <b>For legitimation</b>                                                                                                    |                                                                                                                                      |                        |                                                                                                                                                                                                           |                                                               |
| Advisory on Marriage for both parents                                                                                      |                                                                                                                                      |                        | Philippine Statistics Authority (main office or any Serbilis Centers)                                                                                                                                     |                                                               |
| Certificate of Marriage                                                                                                    |                                                                                                                                      |                        | Philippine Statistics Authority (main office or any Serbilis Centers)                                                                                                                                     |                                                               |
| Certificate of Death (if one parent is already deceased)                                                                   |                                                                                                                                      |                        | Philippine Statistics Authority (main office or any Serbilis Centers)                                                                                                                                     |                                                               |
| <b>CLIENT STEPS</b>                                                                                                        | <b>AGENCY ACTIONS</b>                                                                                                                | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                                                                                                                                                                    | <b>PERSON RESPONSIBLE</b>                                     |
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR) and provide information during the interview. | 1.1) Check the documents as to completeness and correctness of entries.                                                              | None                   | 5 minutes                                                                                                                                                                                                 | <i>Administrative Aide/Aide IV/ Registration Officer III</i>  |
|                                                                                                                            | 1.2) Prepare indorsement to concern OCCR/MCR                                                                                         | None                   | 5 minutes                                                                                                                                                                                                 | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |



|                                                                                                                                            |                                                                                                          |                            |                   |                                                                       |
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|                                                                                                                                            | where the Child was born.                                                                                |                            |                   | <i>Administrative Aide<br/>/Aide IV/ Registration<br/>Officer III</i> |
|                                                                                                                                            | 1.3) Issue Order of Payment.                                                                             | None                       | 2 minutes         |                                                                       |
| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2.1) Receive payment and issue Official Receipt.                                                         | PhP 200.00 Indorsement fee | 2 minutes         | Revenue Collection Clerk<br>City Treasurer's Office                   |
|                                                                                                                                            | 2.2) Indorsement Letter Final Checking and Signing of OCCR/ Registration Officer IV/III.                 | None                       | 3 minutes         | <i>Administrative Aide<br/>/Aide IV/ Registration<br/>Officer III</i> |
|                                                                                                                                            | 2.3 )Log at the Logbook the Indorsement Letter.                                                          | None                       | 3 minutes         | <i>Administrative Aide<br/>/Aide IV/ Registration<br/>Officer III</i> |
| 3.) Proceed to commercial courier for mailing of document                                                                                  | 3) Advise client to mail the document to PSA thru commercial courier (e.g. LBC, JRS) / Phil. Post Office | None                       | 15 minutes        | <i>Applicant</i>                                                      |
| 4.) Claim copy of Indorsement Letter, courier receipt.                                                                                     | 4.1) Log in the Logbook the transaction number.                                                          | None                       | 1 minute          | <i>Administrative Aide<br/>/Aide IV/ Registration<br/>Officer III</i> |
|                                                                                                                                            | 4.2) Release the client's copy of the copy of Indorsement Letter, courier receipt.                       | None                       | 1 minute          | <i>Administrative Aide<br/>/Aide IV/ Registration<br/>Officer III</i> |
| <b>TOTAL</b>                                                                                                                               |                                                                                                          | <b>₱200.00</b>             | <b>37 minutes</b> |                                                                       |

## FOR AFFIDAVIT OF ACKNOWLEDGEMENT / ADMISSION OF PATERNITY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                        |                                                                                    |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Office or Division:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Office of the City Civil Registrar, Registration Division                   |                        |                                                                                    |                                                              |
| <b>Classification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Simple                                                                      |                        |                                                                                    |                                                              |
| <b>Type of transaction:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen; G2G – Government to Government                 |                        |                                                                                    |                                                              |
| <b>Who may avail:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | All                                                                         |                        |                                                                                    |                                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                        | <b>WHERE TO SECURE</b>                                                             |                                                              |
| <ul style="list-style-type: none"> <li>• PSA copy of Birth Certificate Original</li> <li>• Any two of the following supporting documents: <ul style="list-style-type: none"> <li>- Original Baptismal Certificate;</li> <li>- Immunization Record</li> <li>- Pre-Natal Check-up of Mother</li> <li>- Medical Records;</li> <li>- SSS E1 or E4, GSIS, ITR, Philhealth MDR and Insurance of the Father (child declared as beneficiary; Report Card, Form 137 with father;</li> </ul> </li> </ul> |                                                                             |                        | Philippine Statistics Authority<br>Documents to be presented as proof of paternity |                                                              |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTIONS</b>                                                       | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                                             | <b>PERSON RESPONSIBLE</b>                                    |
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR) and provide information during the interview.                                                                                                                                                                                                                                                                                                                                                                     | 1.1) Check the documents as to the completeness and correctness of entries. | None                   | 5 minutes                                                                          | <i>Administrative Aide/Aide IV/Registration Officer III</i>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.2) Prepare indorsement to concern OCCR/MCR where the Child was born.      | None                   | 5 minutes                                                                          | <i>Administrative Aide /Aide IV/Registration Officer III</i> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.3) Issue Order of Payment.                                                | None                   | 2 minutes                                                                          | <i>Administrative Aide /Aide IV/Registration Officer III</i> |

|                                                                                                                                            |                                                                                                          |                            |                   |                                                               |
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| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2.1) Receive payment and issue Official Receipt.                                                         | PhP 200.00 Indorsement fee | 2 minutes         | Revenue Collection Clerk<br>City Treasurer's Office           |
|                                                                                                                                            | 2.2) Indorsement Letter Final Checking and Signing of OCCR/ Registration Officer IV/III.                 | None                       | 3 minutes         | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
|                                                                                                                                            | 2.3) Log at the Logbook the Indorsement Letter.                                                          | None                       | 3 minutes         | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
| 3.) Proceed to commercial courier for mailing of document                                                                                  | 3) Advise client to mail the document to PSA thru commercial courier (e.g. LBC, JRS) / Phil. Post Office | None                       | 15 minutes        | <i>Applicant</i>                                              |
| 4.) Claim copy of Indorsement Letter, courier receipt.                                                                                     | 4.1) Log in the Logbook the transaction number .                                                         | None                       | 1 minute          | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
|                                                                                                                                            | 4.2) Release the client's copy of the copy of Indorsement Letter, courier receipt.                       | None                       | 1 minute          | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
| <b>TOTAL</b>                                                                                                                               |                                                                                                          | <b>₱200.00</b>             | <b>37 minutes</b> |                                                               |

**AFFIDAVIT TO USE THE SURNAME OF THE FATHER (AUSF) PURSUANT TO REPUBLIC ACT NO. 9255**

|                                                                                                                                                    |                                                                                         |                            |                                   |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------|-----------------------------------|--------------------------------------------------------------|
| <b>Office or Division:</b>                                                                                                                         | Office of the City Civil Registrar, Registration Division                               |                            |                                   |                                                              |
| <b>Classification:</b>                                                                                                                             | Simple                                                                                  |                            |                                   |                                                              |
| <b>Type of transaction:</b>                                                                                                                        | G2C – Government to Citizen; G2G – Government to Government                             |                            |                                   |                                                              |
| <b>Who may avail:</b>                                                                                                                              | All                                                                                     |                            |                                   |                                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                   |                                                                                         |                            | <b>WHERE TO SECURE</b>            |                                                              |
| With Affidavit of Acknowledgement / Admission of Paternity                                                                                         |                                                                                         |                            | Duly Registered at LCRO concerned |                                                              |
| For child ages 0-6 years old Affidavit to Use the Surname of the Father (AUSF) executed by the mother                                              |                                                                                         |                            | Notary Public                     |                                                              |
| For child ages 7-17 years old Affidavit to Use the Surname of the Father (AUSF) executed by the child and Sworn Attestation executed by the mother |                                                                                         |                            | Notary Public                     |                                                              |
| For child ages 18 years old and above Affidavit to Use the Surname of the Father (AUSF) executed by the child                                      |                                                                                         |                            | Notary Public                     |                                                              |
| <b>CLIENT STEPS</b>                                                                                                                                | <b>AGENCY ACTIONS</b>                                                                   | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b>            | <b>PERSON RESPONSIBLE</b>                                    |
| 1.) Submit the requirements to the Office of the City Civil Registrar (OCCR) and provide information during the interview.                         | 1.1) Check the documents as to completeness and correctness of entries.                 | None                       | 5 minutes                         | <i>Administrative Aide/Aide IV/Registration Officer III</i>  |
|                                                                                                                                                    | 1.2) Prepare indorsement to concern OCCR/MCR where the Child was born.                  | None                       | 5 minutes                         | <i>Administrative Aide /Aide IV/Registration Officer III</i> |
|                                                                                                                                                    | 1.3) Issue Order of Payment.                                                            | None                       | 2 minutes                         | <i>Administrative Aide /Aide IV/Registration Officer III</i> |
| 2.) Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the                              | 2.1) Receive payment and issue Official Receipt.                                        | PhP 200.00 Indorsement fee | 2 minutes                         | Revenue Collection Clerk<br>City Treasurer's Office          |
|                                                                                                                                                    | 2.2) Indorsement Letter Final Checking and Signing of OCCR/Registration Officer IV/III. | None                       | 3 minutes                         | <i>Administrative Aide /Aide IV/Registration Officer III</i> |

|                                                           |                                                                                                          |                |                   |                                                               |
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| corresponding fee/s.                                      | 2.3) Log at the Logbook the Indorsement Letter.                                                          | None           | 3 minutes         | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
| 3.) Proceed to commercial courier for mailing of document | 3) Advise client to mail the document to PSA thru commercial courier (e.g. LBC, JRS) / Phil. Post Office | None           | 15 minutes        | <i>Applicant</i>                                              |
| 4.) Claim copy of Indorsement Letter, courier receipt.    | 4.1) Log in the Logbook the transaction number.                                                          | None           | 1 minute          | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
|                                                           | 4.2) Release the client's copy of the copy of Indorsement Letter, courier receipt.                       | None           | 1 minute          | <i>Administrative Aide /Aide IV/ Registration Officer III</i> |
| <b>TOTAL</b>                                              |                                                                                                          | <b>₱200.00</b> | <b>37 minutes</b> |                                                               |

## 19. ISSUANCE OF CERTIFIED TRUE TRANSCRIPTION COPIES (CTTC) OF RECORDS OF BIRTH, MARRIAGE, AND DEATH

The Office of the City Civil Registrar (OCCR) issues certified true transcription copies (CTTC) of birth, marriage and death certificates for any legal purposes upon request and subsequent payment of corresponding fee.

| <b>Office or Division:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Office of the City Civil Registrar - Records and Statistics Division |                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Classification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Simple                                                               |                                                                                                                                                                                                                                                                                                                          |
| <b>Type of transaction:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C – Government to Citizen;<br>G2G – Government to Government       |                                                                                                                                                                                                                                                                                                                          |
| <b>Who may avail:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ALL                                                                  |                                                                                                                                                                                                                                                                                                                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | WHERE TO SECURE                                                                                                                                                                                                                                                                                                          |
| 1. Duly accomplished request slip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      | - City Civil Registry Office                                                                                                                                                                                                                                                                                             |
| 2. Government-issued ID/valid ID<br>: If representative, <ul style="list-style-type: none"> <li>• Authorization letter from the owner of the document</li> <li>• Photocopy of valid ID of requesting party and his/her representative</li> </ul> : If Spouse <ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• CENOMAR</li> <li>• Photocopy of valid ID of requesting party</li> </ul> : If Direct Descendants <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Photocopy of valid ID of requesting party</li> </ul> <b>Note:</b><br>IN CASE THE AUTHORIZED REPRESENTATIVE<br>a. AUTHORIZED BY THE SPOUSE- Additional Requirements to be submitted: <ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• CENOMAR</li> </ul><br>b. AUTHORIZED BY THE DIRECT DESCENDANTS – Additional Requirements to be submitted: <ul style="list-style-type: none"> <li>• Birth certificate</li> </ul> |                                                                      | - PhilID/ePhilID /SSS/GSIS/Voter's ID/UMID/Company ID/Barangay ID/National ID<br><br>- Local copy or PSA copy<br>- PSA<br>- PhilID/ePhilID /SSS/GSIS/Voter's ID/UMID/Company ID/Barangay ID/National ID<br><br>- Local copy or PSA copy<br>- PhilID/ePhilID /SSS/GSIS/Voter's ID/UMID/Company ID/Barangay ID/National ID |

| CLIENT STEPS                                                                                                                                            | AGENCY ACTIONS                                                                                                                                            | FEES TO BE PAID         | PROCESSING TIME           | PERSON RESPONSIBLE                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|------------------------------------------------------------------------------------|
| 1. Fill-up the request slip and submit the requirements to the Office of the City Civil Registrar (OCCR) Records Section for verification / assessment. | 1.1 Verify the request as per record and retrieve the record on file for photocopying.<br><br>1.2 Issue Order of Payment.                                 | None                    | 5 minutes                 | <i>Records Personnel</i>                                                           |
| 2. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s.               | 2.1. Receive payment and issue Official Receipt.                                                                                                          | ₱65.00/copy             | 5 minutes                 | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i>                        |
| 3. Return to OCCR and submit Official Receipt for authentication of documents.                                                                          | a. Attach the Official Receipt to the photocopied document and stamped as "certified true copy from the file"<br><br>b. Sign the certified true copy/ies. | None                    | 2 minutes<br><br>1 minute | <i>Records Personnel</i><br><br><i>Records Officer<br/>or City Civil Registrar</i> |
| 4. Claim the CTC of the documents requested.                                                                                                            | a. Issue/Release the authenticated documents.                                                                                                             | None                    | 2 minutes                 | <i>Records Personnel</i>                                                           |
| <b>TOTAL</b>                                                                                                                                            |                                                                                                                                                           | <b>₱65.00/<br/>copy</b> | <b>15 minutes</b>         |                                                                                    |

## 20. ENDORSEMENT OF REGISTERED DOCUMENT

There are instances that while an event such as birth, marriage or death has been registered in the Local Civil Registry, the Philippine Statistics Authority (PSA) have no copy of the registration or may have a copy but with unreadable entries. An endorsement of a certified copy of the registered document is needed so the client will be able to secure a copy of the document in security paper issued by PSA.

|                                                                                                                                           |                                                                                                                             |                                   |                        |                                                             |
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| <b>Office or Division:</b>                                                                                                                | Records and Statistics Division                                                                                             |                                   |                        |                                                             |
| <b>Classification:</b>                                                                                                                    | Simple                                                                                                                      |                                   |                        |                                                             |
| <b>Type of transaction:</b>                                                                                                               | G2G – Government to Government                                                                                              |                                   |                        |                                                             |
| <b>Who may avail:</b>                                                                                                                     | ALL                                                                                                                         |                                   |                        |                                                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                          |                                                                                                                             | <b>WHERE TO SECURE</b>            |                        |                                                             |
| I. Negative Intact { Original Copy } from PSA *if the registered document is available                                                    |                                                                                                                             | - Philippine Statistics Authority |                        |                                                             |
| II. Feedback Form *if registered document contains blurred/unreadable entries                                                             |                                                                                                                             | - Philippine Statistics Authority |                        |                                                             |
| <b>CLIENT STEPS</b>                                                                                                                       | <b>AGENCY ACTIONS</b>                                                                                                       | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                   |
| 1. Submit the requirements to the Office of the City Civil Registrar (OCCR) Records Section for verification.                             | 1.1 Verify the request and retrieve the record on file for endorsement and photocopying.<br><br>1.2 Issue Order of Payment. | None                              | 5 minutes              | <i>Records Personnel</i>                                    |
| 2. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2. Receive payment and issue Official Receipt                                                                               | ₱130.00                           | 5 minutes              | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i> |
| 3. Return to OCCR Records Section and submit Official Receipt for authentication of documents.                                            | 3.1. Attach the Official Receipt to the photocopied document and stamped as                                                 | None                              | 2 minutes              | <i>Records Personnel</i>                                    |



|                                                                     |                                                                                                                                                                                                                                                                                                              |                |                                                   |                                                                                                                       |
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|                                                                     | <p>“certified true copy from the file”</p> <p>3.2 Sign the certified true copy/ies.</p> <p>c. Prepare the endorsement and other attachment for signature of the City Civil Registrar.</p> <p>d. Sort the documents and brief the client on subsequent transaction with PSA and to follow up after a week</p> |                | <p>1 minute</p> <p>2 minutes</p> <p>2 minutes</p> | <p><i>Records Officer or City Civil Registrar</i></p> <p><i>Records Personnel</i></p> <p><i>Records Personnel</i></p> |
| 4. Forward the document to the Liason Officer for submission to PSA | <p>4.1 Record the endorsed document in the logbook.</p> <p>4.2 Advise client to request the document after a month at PSA.</p>                                                                                                                                                                               | None           | <p>1 minute</p> <p>1 minute</p>                   | <p><i>Records Personnel</i></p> <p><i>Records Personnel</i></p>                                                       |
| <b>TOTAL</b>                                                        |                                                                                                                                                                                                                                                                                                              | <b>₱130.00</b> | <b>19 minutes</b>                                 |                                                                                                                       |

## 21. REQUEST FOR COPY OF TRANSMITTAL OF REGISTERED DOCUMENT

When documents have been recently registered but the copy for the Office of the Civil Registrar General (OCRG) was already endorsed to the Philippine Statistics Authority (PSA), proof of endorsement is provided to the client to facilitate their request for a copy of the document in the security paper issued by PSA.

| <b>Office or Division:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Office of the City Civil Registrar - Records and Statistics Division                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Classification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simple                                                                                                                        |
| <b>Type of transaction:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Government to Government                                                                                                      |
| <b>Who may avail:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ALL                                                                                                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WHERE TO SECURE                                                                                                               |
| 1. Duly accomplished request form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - City Civil Registry Office                                                                                                  |
| 2. Government-issued ID/valid ID<br>: If representative, <ul style="list-style-type: none"> <li>• Authorization letter from the owner of the document</li> <li>• Photocopy of valid ID of requesting party and his/her representative</li> </ul> : If Spouse <ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• CENOMAR</li> <li>• Photocopy of valid ID of requesting party</li> </ul> : If Direct Descendants <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Photocopy of valid ID of requesting party</li> </ul> <b>Note:</b><br>IN CASE THE AUTHORIZED REPRESENTATIVE AUTHORIZED BY THE SPOUSE- Additional Requirements to be submitted: <ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• CENOMAR</li> </ul><br>AUTHORIZED BY THE DIRECT DESCENDANTS<br>–<br>Additional Requirements to be submitted: <ul style="list-style-type: none"> <li>• Birth certificate</li> </ul> | - PhilID/ePhilID/SSS/GSIS/Voter's ID/UMID/Company ID<br><br>- Local copy or PSA copy<br>- PSA<br><br>- Local copy or PSA copy |

| CLIENT STEPS                                                                                                                                                                                 | AGENCY ACTIONS                                                                                                                                                                          | FEES TO BE PAID | PROCESSING TIME            | PERSON RESPONSIBLE                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|--------------------------------------------------------------------------------|
| 1. Fill-out the request slip and submit the requirements (authorization, valid ID, proof of urgency, etc.) to the Office of the City Civil Registrar(OCCR) Records Section for verification. | 1.1. Verify the request and retrieve the record on file for photocopying.<br><br>1.2 ssue Order of Payment.                                                                             | None            | 5 minutes                  | <i>Records Personnel</i>                                                       |
| 2. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s.                                                    | 2. Receive payment and issue Official Receipt                                                                                                                                           | ₱65.00          | 5 minutes                  | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i>                    |
| 3. Return to OCCR Records Section and submit Official Receipt for authentication of documents.                                                                                               | 3.1. Attach the Official Receipt to the photocopied transmittal and registered document and stamp as "certified true copy from the file" .<br><br>3.2 Sign the certified true copy/ies. | None            | 2 minutes<br><br>2 minutes | <i>Records Personnel</i><br><br><i>Records Officer or City Civil Registrar</i> |
| 4. Forward the document to the Liason Officer for submission to PSA                                                                                                                          | a. Advise client to follow up after a week and request the document to PSA                                                                                                              |                 | 1 minute                   | <i>Records Personnel</i>                                                       |
| <b>TOTAL</b>                                                                                                                                                                                 |                                                                                                                                                                                         | <b>₱65.00</b>   | <b>15 minutes</b>          |                                                                                |

## 22. REQUEST FOR VARIOUS CERTIFICATIONS PERTAINING TO STATUS OF RECORDS

When a copy of a document is no longer available, the City Civil Registry may issue standard certifications (e.g. Form 1-A, Form 3-C) that pertains to the status of or the information in such record. These certifications are generally based on the entries in the office's registry books.

| <b>Office or Division:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Office of the City Civil Registrar -Records and Statistics Division |                                                                                                                      |                 |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>Classification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Simple                                                              |                                                                                                                      |                 |                          |
| <b>Type of transaction:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Government to Government                                            |                                                                                                                      |                 |                          |
| <b>Who may avail:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ALL                                                                 |                                                                                                                      |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | WHERE TO SECURE                                                                                                      |                 |                          |
| 1. Duly accomplished request form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     | - City Civil Registry Office                                                                                         |                 |                          |
| 2. Government-issued ID/valid ID<br>: If representative, <ul style="list-style-type: none"> <li>• Authorization letter from the owner of the document</li> <li>• Photocopy of valid ID of requesting party and his/her representative</li> </ul> : If Spouse <ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• Photocopy of valid ID of requesting party</li> </ul> : If Direct Descendants <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Photocopy of valid ID of requesting party</li> </ul> <b>Note:</b><br>IN CASE THE AUTHORIZED REPRESENTATIVE AUTHORIZED BY THE SPOUSE- Additional Requirements to be submitted: <ul style="list-style-type: none"> <li>• Marriage Certificate</li> </ul> AUTHORIZED BY THE DIRECT DESCENDANTS – Additional Requirements to be submitted: <ul style="list-style-type: none"> <li>• Birth certificate</li> </ul> |                                                                     | - PhilID/ePhilID/SSS/GSIS/Voter's ID/UMID/Company ID<br><br>- Local copy or PSA copy<br><br>- Local copy or PSA copy |                 |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AGENCY ACTIONS                                                      | FEES TO BE PAID                                                                                                      | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Fill-out the request slip and submit the requirements to the Office of the City Civil Registrar (OCCR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.1 Verify the request and retrieve the record on file.             | None                                                                                                                 | 10 minutes      | <i>Records Personnel</i> |

|                                                                                                                                           |                                                                                                                                                          |                |                                |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Records Section for verification/assessment                                                                                               | 1.2 If the Record is torn or destroyed, issue Certification (Form 1-A or I-B, Form II-A or II-B, Form III-A or III-B)<br><br>1.3 Issue Order of Payment. |                |                                |                                                                                                                    |
| 2. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2.Receive payment and issue Official Receipt                                                                                                             | ₱130.00        | 3 minutes                      | <i>Revenue Collection Clerk<br/>City Treasurer's Office</i>                                                        |
| 3. Return to OCCR Records Section and submit Official Receipt for certification of documents.                                             | 3.1. Attach the Official Receipt to the Certification prepared;<br><br>3.2 Sign the Certification;<br><br>3.3 Dry seal the Certification                 | None           | 2 minutes<br><br><br>2 minutes | <i>Records Personnel</i><br><br><i>Records Officer<br/>or City Civil Registrar</i><br><br><i>Records Personnel</i> |
| 4. Claim the requested document/certification                                                                                             | 4. Issue the certification                                                                                                                               | None           | 2 minutes                      | <i>Records Personnel</i>                                                                                           |
| <b>TOTAL</b>                                                                                                                              |                                                                                                                                                          | <b>₱130.00</b> | <b>19 minutes</b>              |                                                                                                                    |

## 23. PHILIPPINE STATISTICS AUTHORITY (PSA) – ISSUED DOCUMENTS THROUGH BATCH REQUEST ENTRY SYSTEM (BREQS)

BREQs (Batch Request Entry System) is a system wherein transactions with the PSA Head Office may be availed through the Office of the City Civil Registrar such as PSA authenticated copy of certificates of birth, death and marriage, Certificate of No Record of Marriage (CENOMAR / singleness) and negative results (INTACT).

|                                                                                                                                                                                |                                                                             |                                                                                                                                                                        |                                |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|
| <b>Office or Division:</b>                                                                                                                                                     | Office of the City Civil Registrar, Petitions and Miscellaneous Filing Unit |                                                                                                                                                                        |                                |                                                        |
| <b>Classification:</b>                                                                                                                                                         | Simple                                                                      |                                                                                                                                                                        |                                |                                                        |
| <b>Type of transaction:</b>                                                                                                                                                    | G2C – Government to Citizen;<br>G2G – Government to Government              |                                                                                                                                                                        |                                |                                                        |
| <b>Who may avail:</b>                                                                                                                                                          | All                                                                         |                                                                                                                                                                        |                                |                                                        |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                               |                                                                             |                                                                                                                                                                        | <b>WHERE TO SECURE</b>         |                                                        |
| Duly accomplished request form                                                                                                                                                 |                                                                             |                                                                                                                                                                        | - City Civil Registry          |                                                        |
| Government-issued ID                                                                                                                                                           |                                                                             |                                                                                                                                                                        | - Issuing agency               |                                                        |
| Authorization letter and photocopy of ID (for clients requesting document/s of other person/s, except that of their spouse, parents, children as stipulated in PSA guidelines) |                                                                             |                                                                                                                                                                        | - Document owner               |                                                        |
| Affidavit of Kinship/ Affidavit of Guardianship (if applicable)                                                                                                                |                                                                             |                                                                                                                                                                        | - Execute at any Notary Public |                                                        |
| <b>CLIENT STEPS</b>                                                                                                                                                            | <b>AGENCY ACTIONS</b>                                                       | <b>FEES TO BE PAID</b>                                                                                                                                                 | <b>PROCESSING TIME</b>         | <b>PERSON RESPONSIBLE</b>                              |
| 1. Submit the requirements to the Office of the City Civil Registrar (OCCR).                                                                                                   | 1. Check the requirements and issue Order of Payment.                       | None                                                                                                                                                                   | 2 minutes                      | <i>BREQS Administrative Staff</i>                      |
| 2. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s.                                      | 2. Receive payment and issue Official Receipt.                              | Birth, Death and Marriage Certificate -<br>₱275.00/copy (Service Fee - ₱120.00; PSA - ₱155.00)<br><br>CENOMAR -<br>₱330.00/copy (Service Fee - ₱120.00; PSA - ₱210.00) | 3 minutes                      | <i>evenue Collection Clerk City Treasurer's Office</i> |

|                                                                  |                                         |                     |                   |                                           |
|------------------------------------------------------------------|-----------------------------------------|---------------------|-------------------|-------------------------------------------|
| 3. Return to OCCR and present the Official Receipt.              | 3. Input the request into the computer. | None                | 5 minutes         | <i>BREQS<br/>Administrative<br/>Staff</i> |
| 4. Return to OCCR on the release date to claim the PSA document. | 4. Release the PSA document requested.  | None                | 2 minutes         | <i>BREQS<br/>Administrative<br/>Staff</i> |
| <b>TOTAL</b>                                                     |                                         | <b>Case to Case</b> | <b>12 minutes</b> |                                           |

## 24. FILING OF PETITIONS FOR CORRECTION OF CLERICAL ERROR OR CHANGE OF FIRST NAME

Republic Act No. 9048 authorizes the city or municipal civil registrar or the consul general to correct a clerical or typographical error in an entry and/or change of first name or nickname in the civil registry without need of a judicial order. An administrative remedy in nature, it is a departure from the usual judicial process in correcting clerical errors of changing an entry in civil registry documents.

On the other hand, R.A. No. 10172 authorized further the local civil registrars to include the processing of petitions for correction of entries that involves change of sex and the date and month of birth. In this case, petitioners may file Migrant Petitions to correct documents registered in other city / municipality.

| <b>Office or Division:</b>                                                                                                                                   | Office of the City Civil Registrar, Petitions and Miscellaneous Filing Unit                                                                                                                                                                                 |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Classification:</b>                                                                                                                                       | Simple                                                                                                                                                                                                                                                      |                                                                          |
| <b>Type of transaction:</b>                                                                                                                                  | G2C - Government to Citizen                                                                                                                                                                                                                                 |                                                                          |
| <b>Who may avail:</b>                                                                                                                                        | Owner of the document to be corrected; or,<br>Persons of legal age who have direct and personal interest (i.e. spouse, children, parents, siblings, and grandparents, guardian or any other person duly authorized by law or by the owner of the document). |                                                                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                    |                                                                                                                                                                                                                                                             | WHERE TO SECURE                                                          |
| <b>For Correction of Clerical Error (CCE)</b>                                                                                                                |                                                                                                                                                                                                                                                             |                                                                          |
| PSA copy of document to be corrected                                                                                                                         |                                                                                                                                                                                                                                                             | Philippine Statistics Authority<br>(main office or any Serbilis Centers) |
| At least any two (2) of the following supporting documents that will be the basis of the correction of clerical/ typographical error                         |                                                                                                                                                                                                                                                             |                                                                          |
| <ul style="list-style-type: none"> <li>Birth certificate of parents/ siblings</li> </ul>                                                                     |                                                                                                                                                                                                                                                             | Philippine Statistics Authority<br>(main office or any Serbilis Centers) |
| <ul style="list-style-type: none"> <li>Marriage certificate</li> </ul>                                                                                       |                                                                                                                                                                                                                                                             | Philippine Statistics Authority<br>(main office or any Serbilis Centers) |
| <ul style="list-style-type: none"> <li>Baptismal Certificate</li> </ul>                                                                                      |                                                                                                                                                                                                                                                             | Religious institution where baptism was conducted                        |
| <ul style="list-style-type: none"> <li>School Record</li> </ul>                                                                                              |                                                                                                                                                                                                                                                             | School                                                                   |
| <ul style="list-style-type: none"> <li>Voter's ID/ Certification</li> </ul>                                                                                  |                                                                                                                                                                                                                                                             | Comelec                                                                  |
| <ul style="list-style-type: none"> <li>Government-issued ID</li> </ul>                                                                                       |                                                                                                                                                                                                                                                             | Issuing agency                                                           |
| For petition involving change of first name, correction of entries involving sex and date and month of birth, the following documents will also be required: |                                                                                                                                                                                                                                                             |                                                                          |
| <ul style="list-style-type: none"> <li>Clearances from Court, Police and NBI</li> </ul>                                                                      |                                                                                                                                                                                                                                                             | Judicial court, PNP and NBI, respectively                                |
| <ul style="list-style-type: none"> <li>Publication</li> </ul>                                                                                                |                                                                                                                                                                                                                                                             | Any publisher of newspaper of general circulation                        |
| <ul style="list-style-type: none"> <li>Medical Record</li> </ul>                                                                                             |                                                                                                                                                                                                                                                             | Public/ private health service provider                                  |



| • Certificate of Employment                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   | Employer        |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------|
| Note: Depending on the distinctiveness of each case and availability of documents, the City Civil Registrar may have to ask client to present other supporting documents not in the list to support the petition. This is based on Chapter 5, Sec. 3 of the Manual of Instructions of Republic Act No. 9048. |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                 |                                                           |
| Filing of Petitions Where Affected Document is Registered in Antipolo City (Correction of Clerical Error/Change of First Name and Petitions Under RA 10172):                                                                                                                                                 |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |                 |                                                           |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                 | AGENCY ACTIONS                                                                                                                        | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE                                        |
| 1.Submit the requirements to the Office of the City Civil Registrar (OCCR) and provide the necessary information during the interview.                                                                                                                                                                       | 1.1 Check the requirements.<br><br>1.2 Interview the client and brief him / her about the service.<br><br>1.3 Issue Order of Payment. | None                                                                                                                                                                                                                                                                                                                              | 10 minutes      | Administrative Staff                                      |
| 2. Proceed to the designated Payment Window of the City Treasurer’s Office, present the Order of Payment and pay the corresponding fee/s.                                                                                                                                                                    | 2. Receive payment and issue Official Receipt.                                                                                        | Filing Fee:<br><br>₱1,000.00 –<br>Correction of<br>Entry/ies; or<br>₱3,000.00 –<br>Change of First<br>Name; or<br>₱3,000.00 –<br>Correction under<br>R.A. 10172<br>(correction of entry<br>involving sex and<br>date and month of<br>birth)<br>Plus:<br>₱400.00 –<br>Certificate of<br>Finality, annotation<br>and certified copy | 3 minutes       | Revenue<br>Collection Clerk<br>City Treasurer’s<br>Office |

|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                   |                             |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|-----------------------------|
| 3. Return to OCCR and present the Official Receipt (OR) for the preparation of petition and other concerns.                     | 3.1 Assist the client in the preparation of the petition, record the same and assign petition number.                                                                                                                                                                                                                                                                                                                                                 | None                                                   | 15 minutes        | <i>Administrative Staff</i> |
|                                                                                                                                 | 3.2 Attach the photocopy of OR.<br><br>3.3 Prepare the Posting documents and "Action of the Civil Registrar".<br><br>3.4 Sign the petition.<br><br>3.5 Advise the client to coordinate with a publisher for the publication requirements for petitions involving change of first name and those under RA 10172 (sex and date and month of birth) and to submit copy of the publication to OCCR.<br><br>3.6 Post Notice of Petition for ten (10) days. |                                                        |                   | <i>Civil Registrar</i>      |
| 4. Check with the OCCR after 2 months for the PSA Action on the Petition. If already available, secure Certificate of Finality. | 4.1 Prepare Certificate of Finality.<br><br>4.2 Release the client's copies of the granted petition and the certificate with marginal annotation.<br><br>4.3 In the case of impugned petition, receive the motion for reconsideration and transmit to PSA.                                                                                                                                                                                            | None                                                   | 15 minutes        | <i>Administrative Staff</i> |
| <b>TOTAL</b>                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Fixed: ₱400.00<br/>Case to Case:<br/>Filing Fee</b> | <b>43 minutes</b> |                             |
| <b>Filing of Migrant Petitions</b>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                   |                             |
| 1. Submit the requirements to the Office of the City Civil Registrar (OCCR) and                                                 | 1. Check the requirements.<br><br>1.1 Interview the client and brief                                                                                                                                                                                                                                                                                                                                                                                  | None                                                   | 10 minutes        | <i>Administrative Staff</i> |

|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            |            |                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|
| provide the necessary information during the interview.                                                                                  | him / her about the service.<br>1.2 Issue Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            |            |                                                            |
| 1.Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee/s. | 2. Receive payment and issue Official Receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                  | Migrant Petition Fee:<br>₱500.00 –<br>Correction of Entry/ies; or<br>₱1,000.00 –<br>Change of First Name; or<br>₱1,000.00 –<br>Correction under R.A. 10172 (correction of entry involving sex and date and month of birth) | 3 minutes  | <i>Revenue Collection Clerk</i><br>City Treasurer's Office |
| 1.Return to OCCR and present the Official Receipt (OR) for the preparation of petition and other concerns.                               | 3.1. Assist the client in the preparation of the petition, record the same and assign petition number.<br><br>3.2 Attach the photocopy of OR and the supporting documents.<br><br>3.3 Prepare the Posting documents.<br><br>3.4 If applicable, advise the client to coordinate with a publisher for the endorsement of the petition to the local civil registrar concerned and to submit copy of the publication to CCRO.<br><br>3.5 Post Notice of Petition for ten (10) days. | None                                                                                                                                                                                                                       | 15 minutes | <i>Administrative Assistant III</i>                        |

|                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                      |                                                   |               |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------|------------------------------------------|
| 1. Return to OCCR on the date set for the endorsement of the petition and, if applicable, submit the publication documents.                                                                                                                                      | <p>4.1 Prepare the endorsement letter.</p> <p>4.2 Sign the endorsement letter.</p> <p>4.3 Advise the client / petitioner to send the petition and the filing fee through Post Office or commercial courier (LBC or JRS), as alternative.</p> <p>4.4 Ask the client to bring the acknowledgement form / logbook for appropriate action of the forwarding company.</p> | None                                              | 15 minutes    | <i>Civil Registrar / Liaison Officer</i> |
| 1.Return to OCCR, submit the courier's acknowledgement form / logbook and submit photocopy of the Official Receipt.                                                                                                                                              | 5. Log the transaction and enter the tracking number for monitoring.                                                                                                                                                                                                                                                                                                 | None                                              | 2 minutes     | <i>Administrative Staff</i>              |
| <p>1.Return to OCCR after receiving notice of the result of the petition from the Local Civil Registry concerned.</p> <p>If petition is impugned, petitioner may file for a Motion for Reconsideration within 15 days from receipt of the impugned petition.</p> | <p>6.Issue copy of the Certificate of Finality and supporting documents to the petitioner.</p> <p>In the case of impugned petition, receive the motion for reconsideration and transmit to the PSA.</p>                                                                                                                                                              | None                                              | 15 minutes    | <i>Administrative Staff</i>              |
| <b>TOTAL</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                      | <b>Case to Case:<br/>Migrant Petition<br/>Fee</b> | <b>1 hour</b> |                                          |



## **City Cooperative and Livelihood Office External Services**



## 1. APPLICATION FOR FREE SKILLS AND LIVELIHOOD TRAINING

The City Government of Antipolo through the City Cooperative and Livelihood Office (CCLO) offers free livelihood training as follows:

### *One (1) Day Training*

1. Food Processing (Meat Processing, Fruit and Vegetable Preservation, Fish Processing, Gourmet Tuyo, Dilis Bangus Making)
2. Soap Making
3. Candle Making
4. Basic Baking
5. Flower & Balloon Arrangement
6. Recycling Product Training (Retaso Products)
7. Beads Making
8. Perfume Making

### *Three (3) Day Training*

1. Bayong Making

### *Fifteen (15) Day Livelihood Skills Training:*

1. Dressmaking
2. Hilot/Wellness Massage
3. Hairdressing Training

### FOR 1-DAY AND 3-DAY TRAINING:

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                             | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>Livelihood Section                                                                                                                   |                                                                                                  |                 |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                   | Complex                                                                                                                                                                               |                                                                                                  |                 |                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                             | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                        |                                                                                                  |                 |                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                    | Antipolo residents; barangays; group or organization                                                                                                                                  |                                                                                                  |                 |                              |
| CHECKLIST OF REQUIREMENTS                                                                                                                                |                                                                                                                                                                                       | WHERE TO SECURE                                                                                  |                 |                              |
| 1. Letter of intent addressed to the City Mayor (with attached Document Tracking Form) – Original copy<br>2. Any government-issued ID card – 1 photocopy |                                                                                                                                                                                       | - Client<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                 |                              |
| CLIENT STEPS                                                                                                                                             | AGENCY ACTION                                                                                                                                                                         | FEES TO BE PAID                                                                                  | PROCESSING TIME | PERSON RESPONSIBLE           |
| 1. Receive a call or message from CCLO regarding the schedule of their visit.                                                                            | 1. Upon receipt of the client's request from the Mayor's Office, set the schedule of onsite validation and community analysis.                                                        | None                                                                                             | 1 day           | Livelihood Staff             |
| 2. Cooperate with the CCLO staff during the onsite validation and community analysis.                                                                    | 2 . Conduct onsite validation and community analysis as scheduled.                                                                                                                    | None                                                                                             | 1 day           | Livelihood Staff             |
| 2.1 None                                                                                                                                                 | 2.1 Prepare the Post-Activity Report containing the evaluation of the type of training suited for the community and submit it to the City Mayor for his/her information and approval. | None                                                                                             | 1 day           | Livelihood Staff / CCLO Head |

|                                                                                                             |                                                                                            |             |                        |                                  |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------|------------------------|----------------------------------|
| 2.2 Inform the target recipients of the training schedule.                                                  | 2.2 Prepare the supplies, materials, and equipment necessary for the training activity.    | None        | 1 day                  | Livelihood Staff                 |
| 3. Ensure a 100% attendance of the participants.                                                            | 3. Conduct the training activity as scheduled.                                             | None        | 1 day / 3 days         | Livelihood Staff                 |
| 3.1 Ensure that the participants provide the required outputs to avail of the training certificate, if any. | 3.1 Issue the training certificate to compliant participants.                              | None        | -                      | Livelihood Staff / CCLO Head     |
| 3.2 None                                                                                                    | 3.2 Prepare and submit the After-Activity Report to the CCLO Head for evaluation purposes. | None        | -                      | Livelihood Staff                 |
| 3.3 None                                                                                                    | 3.3 Submit the Post Training Report to the Mayor for his/her information.                  | None        | -                      | Administrative Staff / CCLO Head |
| <b>TOTAL:</b>                                                                                               |                                                                                            | <b>None</b> | <b>5 days / 7 days</b> |                                  |

#### FOR 15-DAY TRAINING:

|                                                                                                                                                              |                                                                                                                                |                        |                                                                                                  |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------|---------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                     | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>Livelihood Section                                                            |                        |                                                                                                  |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                       | Highly Technical                                                                                                               |                        |                                                                                                  |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                 | G2C – Government to Citizen;<br>G2G – Government to Government                                                                 |                        |                                                                                                  |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                        | Antipolo residents; barangays; group or organization                                                                           |                        |                                                                                                  |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                             |                                                                                                                                |                        | <b>WHERE TO SECURE</b>                                                                           |                           |
| 1. Letter of intent addressed to the City Mayor (with attached Document Tracking Form) – Original copy<br><br>2. Any government-issued ID card – 1 photocopy |                                                                                                                                |                        | - Client<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                           |
| <b>CLIENT STEPS</b>                                                                                                                                          | <b>AGENCY ACTION</b>                                                                                                           | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                                                           | <b>PERSON RESPONSIBLE</b> |
| 1. Receive a call or message from CCLO regarding the schedule of their visit.                                                                                | 1. Upon receipt of the client's request from the Mayor's Office, set the schedule of onsite validation and community analysis. | None                   | 1 day                                                                                            | Livelihood Staff          |
| 2. Cooperate with the CCLO staff during the onsite validation and community analysis.                                                                        | 2. Conduct onsite validation and community analysis as scheduled.                                                              | None                   | 1 day                                                                                            | Livelihood Staff          |

|                                                                                                             |                                                                                                                                                                                       |             |                |                                  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|----------------------------------|
| 2.1 None                                                                                                    | 2.1 Prepare the Post-Activity Report containing the evaluation of the type of training suited for the community and submit it to the City Mayor for his/her information and approval. | None        | 1 day          | Livelihood Staff / CCLO Head     |
| 2.2 Inform the target recipients of the training schedule.                                                  | 2.2 Prepare the supplies, materials, and equipment necessary for the training activity.                                                                                               | None        | 1 day          | Livelihood Staff                 |
| 3. Ensure a 100% attendance of the participants.                                                            | 3. Conduct the training activity as scheduled.                                                                                                                                        | None        | 15 days        | Livelihood Staff                 |
| 3.1 Ensure that the participants provide the required outputs to avail of the training certificate, if any. | 3.1 Issue the training certificate to compliant participants.                                                                                                                         | None        | -              | Livelihood Staff / CCLO Head     |
| 3.2 None                                                                                                    | 3,2 Prepare and submit the After-Activity Report to the CCLO Head for evaluation purposes.                                                                                            | None        | 1 day          | Livelihood Staff                 |
| 3.3 None                                                                                                    | 3.3 Submit the Post Training Report to the Mayor for his/her information.                                                                                                             | None        | -              | Administrative Staff / CCLO Head |
| <b>TOTAL:</b>                                                                                               |                                                                                                                                                                                       | <b>None</b> | <b>20 days</b> |                                  |



## 2. PROVISION OF ASSISTANCE TO TVET TRAINING APPLICANTS

"TECHNICAL-VOCATIONAL EDUCATION AND TRAINING (TVET) is the education or training process where it involves, in addition to general education, the study of technologies and related sciences and acquisition of practical skills relating to occupations in various sectors of economic life and social life, comprises formal (organized programs as part of the school system) and non-formal (organized classes outside the school system) approaches."

The City Cooperative and Livelihood Office (CCLO), in collaboration with the Technical Education and Skills Development Authority (TESDA), facilitates requests of Antipolo residents for TVET courses available at present.

It is important to note that the client must attend and complete the training days to qualify for the issuance of a National Certificate (NC) or Certificate of Completion, whichever is applicable. To ensure this, CCLO monitors the attendance of the trainee in coordination with the host Technical Vocational Institute (TVI).

|                                                                                        |                                                                                                   |                                                                                                                                 |                              |                               |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                           | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>Livelihood Section                               |                                                                                                                                 |                              |                               |
| <b>CLASSIFICATION:</b>                                                                 | Simple                                                                                            |                                                                                                                                 |                              |                               |
| <b>TYPES OF TRANSACTION:</b>                                                           | G2C – Government to Citizen                                                                       |                                                                                                                                 |                              |                               |
| <b>WHO MAY AVAIL:</b>                                                                  | All                                                                                               |                                                                                                                                 |                              |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                       |                                                                                                   | <b>WHERE TO SECURE</b>                                                                                                          |                              |                               |
| 1. Learner's Profile<br>2. Any government-issued ID card – 1 photocopy                 |                                                                                                   | - City Cooperative and Livelihood Office<br>- BIR, Post Office, DFA, SSS, GSIS, LTO,<br>Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                              |                               |
| <b>CLIENT STEPS</b>                                                                    | <b>AGENCY ACTION</b>                                                                              | <b>FEES<br/>TO BE<br/>PAID</b>                                                                                                  | <b>PROCESSING<br/>TIME</b>   | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Accomplish the Learner's Profile to be provided by the CCLO                         | 1. Provide the Learner's Profile to be filled in by the client                                    | None                                                                                                                            | 10 minutes                   | Livelihood Staff              |
| 1.1 None                                                                               | 1.1 Check if the client's information are correct and verify the preferred training of the client | None                                                                                                                            | 10 minutes                   | Livelihood Staff              |
| 2. None                                                                                | 2. Prepare an endorsement to the chosen TVIs                                                      | None                                                                                                                            | 7 minutes                    | Livelihood Staff              |
| 2.1 None                                                                               | 2.1 Review and sign the endorsement letter                                                        | None                                                                                                                            | 3 minutes                    | Livelihood Staff              |
| 3. Sign the Release Log Book and receive the endorsement letter                        | 3.1 Issue the endorsement letter                                                                  | None                                                                                                                            | 2 minutes                    | Livelihood Staff              |
| 4. Confirm the enrolled course and the chosen TVIs to CCLO staff during the monitoring | 4. Follow up with the client via call or text to confirm their enrollment with the TVIs           | None                                                                                                                            | Within the next 5 days       | Livelihood Staff              |
|                                                                                        | <b>TOTAL:</b>                                                                                     | <b>None</b>                                                                                                                     | <b>5 days and 32 minutes</b> |                               |

### 3. AVAILMENT OF COOPERATIVE TECHNICAL ASSISTANCE (By Request)

The City Cooperative and Livelihood Office (CCLO) extends guidance and technical assistance to both newly registered and existing cooperatives in the city to ensure their development and sustainability.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>Cooperative Section                         |                                                                                                               |                                            |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                      | Highly Technical                                                                             |                                                                                                               |                                            |                                  |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                | G2C – Government to Citizen                                                                  |                                                                                                               |                                            |                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                       | New and existing cooperatives                                                                |                                                                                                               |                                            |                                  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                   |                                                                                              | WHERE TO SECURE                                                                                               |                                            |                                  |
| <b>BY REQUEST:</b><br>1. Letter of request with Document Tracking Form (DTF) from the Office of the Mayor – Original copy<br>2. Any government-issued ID card – 1 photocopy |                                                                                              | - Office of the Mayor<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                                            |                                  |
| CLIENT STEPS                                                                                                                                                                | AGENCY ACTION                                                                                | FEES TO BE PAID                                                                                               | PROCESSING TIME                            | PERSON RESPONSIBLE               |
| 1. Receive a call or message from CCLO regarding the request.                                                                                                               | 1. Contact the client to verify their request for technical assistance.                      | None                                                                                                          | 1 day                                      | Cooperative Staff                |
| 1.1 Provide the most convenient date for the meeting/ seminar.                                                                                                              | 1.1 Set the schedule of the meeting/seminar intended for the requested technical assistance. | None                                                                                                          | -                                          | Cooperative Staff                |
| 2. Inform the members of the cooperative regarding the meeting/seminar schedule.                                                                                            | 2. Prepare the necessary materials and logistics needed for the activity.                    | None                                                                                                          | 2 days                                     | Administrative Staff             |
| 3. Enjoin all the target participants to attend the orientation/ seminar.                                                                                                   | 3. Conduct the meeting/seminar as scheduled.                                                 | None                                                                                                          | Within 15 days from receipt of the request | Cooperative Staff                |
| 3.1 Ensure that the participants provide the required outputs, if any.                                                                                                      | 3.1 Prepare the After-Activity Report for evaluation of the CCLO Head.                       | None                                                                                                          | 1 day                                      | Cooperative Staff / CCLO Head    |
| 3.2 None                                                                                                                                                                    | 3.2 Submit the After-Activity Report to the Mayor for his/her information.                   | None                                                                                                          | 1 day                                      | Administrative Staff / CCLO Head |
| <b>TOTAL:</b>                                                                                                                                                               |                                                                                              | <b>None</b>                                                                                                   | <b>20 days</b>                             |                                  |

#### 4. AVAILMENT OF COOPERATIVE TECHNICAL ASSISTANCE (Walk-In)

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                   | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>Cooperative Section                                      |                       |                    |                       |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                         | Simple                                                                                                    |                       |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                   | G2C – Government to Citizen                                                                               |                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                          | New and existing cooperatives                                                                             |                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                      |                                                                                                           | WHERE TO SECURE       |                    |                       |
| <b>WALK-IN</b><br>None                                                                                                         |                                                                                                           |                       |                    |                       |
| CLIENT STEPS                                                                                                                   | AGENCY ACTION                                                                                             | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Approach the cooperative staff and inform the assistance needed                                                             | 1. Conduct an interview and identify the technical assistance needed                                      | None                  | 10 minutes         | Cooperative Staff     |
| 1.1. Cooperate with the CCLO staff during the conduct of technical assistance and provide required information/document needed | 1.1 Provide the assistance needed by the client                                                           | None                  | 30 minutes         | Cooperative Staff     |
| 2. Sign the CCLO's Log Book                                                                                                    | 2. Confirm with the client that their issue has been resolved and request their signature in the log book | None                  | 3 minutes          | Cooperative Staff     |
|                                                                                                                                | <b>TOTAL:</b>                                                                                             | <b>None</b>           | <b>43 minutes</b>  |                       |

## 5. AVAILING OF COOPERATIVE ORIENTATION IN ORGANIZING / ESTABLISHING COOPERATIVES

The City Cooperative and Livelihood Office (CCLO) provides technical assistance to interested parties such as organizations, associations, groups of individuals, institutions, and the like in putting up or organizing a cooperative in the city.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                              | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>Cooperative Section                          |                                                                                                               |                                           |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                    | Highly Technical                                                                              |                                                                                                               |                                           |                                      |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                          | G2C – Government to Citizen<br>G2G – Government to Business<br>G2G – Government to Government |                                                                                                               |                                           |                                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                     | Organizations, associations, groups of individuals, institutions                              |                                                                                                               |                                           |                                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                 |                                                                                               | WHERE TO SECURE                                                                                               |                                           |                                      |
| 1. Letter of request with Document Tracking Form (DTF) from the Office of the Mayor – Original copy<br><br>2. Any government-issued ID card – 1 photocopy |                                                                                               | - Office of the Mayor<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                                           |                                      |
| CLIENT STEPS                                                                                                                                              | AGENCY ACTION                                                                                 | FEES TO BE PAID                                                                                               | PROCESSING TIME                           | PERSON RESPONSIBLE                   |
| 1. Receive a call or message from CCLO regarding the request.                                                                                             | 1. Contact the client to verify their request for cooperative orientation                     | None                                                                                                          | 1 day                                     | Cooperative Staff                    |
| 1.1 Provide the most convenient date for the community visit by the CCLO.                                                                                 | 1.1 Set the schedule of the community visit.                                                  | None                                                                                                          | -                                         | Cooperative Staff                    |
| 2. None                                                                                                                                                   | 2. Prepare the necessary materials and logistics needed for the activity.                     | None                                                                                                          | 1 day                                     | Administrative and Cooperative Staff |
| 3. Enjoin all the target participants to attend the cooperative orientation.                                                                              | 3. Conduct the cooperative orientation as scheduled.                                          | None                                                                                                          | Within 5 days from receipt of the request | Cooperative Staff                    |
| 3.1 None                                                                                                                                                  | 3.1 Prepare the After-Activity Report for evaluation of the CCLO Head.                        | None                                                                                                          | -                                         | Cooperative Staff / CCLO Head        |
| 3.2 None                                                                                                                                                  | 3.2 Submit the After-Activity Report to the Mayor for his/her information.                    | None                                                                                                          |                                           | Cooperative Staff                    |

|                                                                 |                                                                                                                                                                 |             |                        |                                                  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--------------------------------------------------|
| 4. None                                                         | 4. Prepare an endorsement letter for the conduct of Pre Registration Seminar (PRS) of the Cooperative Development Authority (CDA) and make constant follow-ups. | None        | 3 days                 | Cooperative Staff                                |
| 4.1 Obtain updates from CCLO regarding the schedule of the PRS. | 4.1 Inform the client through call or text regarding the details of the PRS.                                                                                    | None        | -                      | Cooperative Staff                                |
| 5. Enjoin all target participants to attend the PRS.            | 5. Provide administrative assistance to the CDA during the conduct of the PRS and to the requesting organization for the establishment of cooperative           | None        | Within the next 5 days | Administrative and Cooperative Staff / CCLO Head |
| 5.1 None                                                        | 5.1 Monitor the organization's registration status and update the CCLO Database accordingly if they become a cooperative."                                      | None        | Within the next 5 days | Cooperative Staff                                |
|                                                                 | <b>TOTAL:</b>                                                                                                                                                   | <b>None</b> | <b>20 days</b>         |                                                  |

## 6. ISSUANCE OF ENDORSEMENT TO REGISTERED COOPERATIVES FOR BUSINESS PERMIT PURPOSES

City Ordinance No. 2014-566 provides exemption to cooperatives operating within the City of Antipolo with accumulated reserves and undivided net savings of not more than Ten Million Pesos (P10,000,000.00) from payment of certain fees imposed by the City Government such as business tax and other fees subject to endorsement by the Antipolo City Cooperative Development Council (ACDC) to the Business Permits and licensing Office (BPLO) for examination of the financial statements, books of accounts and other supporting documents.

The City Cooperative and Livelihood Office (CCLO) facilitates the issuance of endorsement letters to be signed by the CCLO Head and the Chairperson of the Antipolo City Cooperative Development Council (ACCDC).

[illegible]

## 7. MOBILE SALON SERVICES FOR STUDENTS

The City Cooperative and Livelihood Office (CCLO) provides mobile salon services such as free haircuts to students of public elementary and high schools as part of promoting personal hygiene and good grooming among the students and teachers.

| <b>OFFICE/<br/>DIVISION:</b>                                                                           | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>Livelihood Section                                                   |                                                                                  |                          |                                      |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------|--------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                 | Highly Technical                                                                                                      |                                                                                  |                          |                                      |
| <b>TYPES OF TRANSACTION:</b>                                                                           | G2C – Government to Citizen;<br>G2G – Government to Government                                                        |                                                                                  |                          |                                      |
| <b>WHO MAY AVAIL:</b>                                                                                  | Public Elementary and High School students and teachers in Antipolo City                                              |                                                                                  |                          |                                      |
| CHECKLIST OF REQUIREMENTS                                                                              |                                                                                                                       | WHERE TO SECURE                                                                  |                          |                                      |
| 1. Letter of intent addressed to the City Mayor (with attached Document Tracking Form) – Original copy |                                                                                                                       | - Client;                                                                        |                          |                                      |
| 2. Any government-issued ID card – 1 photocopy                                                         |                                                                                                                       | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                          |                                      |
| CLIENT STEPS                                                                                           | AGENCY ACTION                                                                                                         | FEES TO BE PAID                                                                  | PROCESSING TIME          | PERSON RESPONSIBLE                   |
| 1. Receive a call or message from CCLO regarding the request.                                          | 1. Upon receipt of the client's request from the Mayor's Office, contact the client to verify their request.          | None                                                                             | 1 day                    | Livelihood Staff                     |
| 1.1 Obtain information as to the schedule of an ocular visit by the CCLO.                              | 1.1 Set the schedule of the ocular visit.                                                                             | None                                                                             | -                        | Livelihood Staff                     |
| 2. Ensure that the school's coordinator is present during the ocular visit.                            | 2. Visit the school, complete the Ocular Visit Checklist Form, and confirm the schedule of the Mobile Salon Services. | None                                                                             | 1 day                    | Jason Parreno/<br>Livelihood Officer |
| 2.1 Inform all concerned regarding the schedule of the Mobile Salon.                                   | 2.1 Calendar the schedule of the Mobile Salon and inform the PIO regarding the same.                                  | None                                                                             | 1 hour                   | Livelihood Staff                     |
| 2.2 None                                                                                               | 2.2 Prepare the supplies, materials, and equipment necessary for the Mobile Salon activity.                           | None                                                                             | 7 hours                  | Administrative Staff                 |
| 3. Ensure a 100% attendance of the participants.                                                       | 3. Conduct the Mobile Salon activity as scheduled.                                                                    | None                                                                             | 10 days from the request | Livelihood Staff                     |

|                                                                                |                                                                                                                  |             |                |                                  |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------|----------------------------------|
| 3.1 Provide the required outputs to avail of the training certificate, if any. | 3.1 Prepare and submit the Post Activity Report to the CCLO Head for evaluation purposes.                        | None        | 1 day          | Livelihood Staff / CCLO Head     |
| 3.2 None                                                                       | 3.2 Submit the Post Activity Report to the Mayor for his/her information (copy furnished the Procurement Office) | None        | 1 day          | Administrative Staff / CCLO Head |
|                                                                                | <b>TOTAL:</b>                                                                                                    | <b>None</b> | <b>15 days</b> |                                  |



## 8. FILING OF COMPLAINT

Clients of the City Cooperative and Livelihood Office (CCLO) may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during their transactions at CCLO.

|                                                                                |                                                                                                                            |                                                                                  |                             |                           |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                   | CITY COOPERATIVE AND LIVELIHOOD OFFICE (CCLO)<br>All Sections (Administrative, Livelihood, Cooperative)                    |                                                                                  |                             |                           |
| <b>CLASSIFICATION:</b>                                                         | Simple                                                                                                                     |                                                                                  |                             |                           |
| <b>TYPES OF TRANSACTION:</b>                                                   | G2C – Government to Citizen                                                                                                |                                                                                  |                             |                           |
| <b>WHO MAY AVAIL:</b>                                                          | CCLO clients                                                                                                               |                                                                                  |                             |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                               |                                                                                                                            | <b>WHERE TO SECURE</b>                                                           |                             |                           |
| 1. Duly accomplished Complaint Form – Original copy                            |                                                                                                                            | - CCLO Administrative Section                                                    |                             |                           |
| 2. Any government-issued ID card – 1 photocopy                                 |                                                                                                                            | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                             |                           |
| <b>CLIENT STEPS</b>                                                            | <b>AGENCY ACTION</b>                                                                                                       | <b>FEES TO BE PAID</b>                                                           | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements.                                                    | 1. Receive the requirements and verify the nature of the complaint.                                                        | None                                                                             | 4 minutes                   | Administrative Staff      |
| 1.1 Proceed to the CCLO Section concerned for an interview/dialogue.           | 1.1 Endorse the complaint to the CCLO Section Head concerned.                                                              | None                                                                             | 1 minute                    | Administrative Staff      |
| 2. Provide details of the complaint.                                           | 2. Interview the client and/or conduct dialogue with the CCLO staff concerned.                                             | None                                                                             | 20 minutes                  | Section Head concerned    |
| 2.1 Obtain the desired resolution of the complaint.                            | 2.1 Resolve the issues and concerns raised by the client.                                                                  | None                                                                             | 5-20 minutes                | Section Head concerned    |
| 2.2 None                                                                       | 2.2 Prepare the minutes of the interview/ dialogue to be noted by the CCLO Head.                                           | None                                                                             | 5-10 minutes                | Section Head concerned    |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy. | 3. Provide the client with a copy of the minutes of the dialogue and ensure that the client has signed the receiving copy. | None                                                                             | 5 minutes                   | Administrative Staff      |
| <b>TOTAL:</b>                                                                  |                                                                                                                            | None                                                                             | <b>40 minutes to 1 hour</b> |                           |



## **City General Services Office (External Services)**



## 1. DECLOGGING OF CANALS

The City General Services Office (CGSO) attends to requests for declogging of canals to remove obstructions and maintain the functionality of drainage canals, subject to the availability of schedule, manpower, and/or equipment.

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                             |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                            | CITY GENERAL SERVICES OFFICE – <b>BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION</b>                                                                                                                                        |                                                                                                                                                                             |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                  | Simple / Complex                                                                                                                                                                                                                  |                                                                                                                                                                             |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                            | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                    |                                                                                                                                                                             |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                   | Residents of Antipolo City;<br>Public schools located within Antipolo City; Tenants of city government owned properties;<br>Rizal Provincial Hospital System – Annex 2;<br>Antipolo City Hospital System – Cabading and Mambungan |                                                                                                                                                                             |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   | <b>WHERE TO SECURE</b>                                                                                                                                                      |                        |                           |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:<br>a. Contact person<br>b. Contact number / email address<br>c. Complete address<br>d. Exact location where declogging of canals is needed<br>e. Other details of the request |                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>- Office of the City Mayor<br/><a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Client</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                                                                                                                                                              | <b>FEES TO BE PAID</b>                                                                                                                                                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Follow up the request physically at CGSO, or call tel. # 8689-4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> .                                                                                                                                                              | 1. Verify the request.                                                                                                                                                                                                            | None                                                                                                                                                                        | 45 minutes             | CGSO Admin Staff          |
| 1.1 Get information about the schedule of inspection.                                                                                                                                                                                                                                                                   | 1.1 Schedule the inspection of the vicinity.                                                                                                                                                                                      | None                                                                                                                                                                        |                        |                           |
| 2. Cooperate with the GSO personnel during the inspection.                                                                                                                                                                                                                                                              | 2. Conduct the inspection.                                                                                                                                                                                                        | None                                                                                                                                                                        | 3 hours                | GSO Inspector             |
| 2.1 Confirm the schedule of declogging.                                                                                                                                                                                                                                                                                 | 2.1 Set the schedule of declogging.                                                                                                                                                                                               | None                                                                                                                                                                        |                        |                           |
| 2.2 Sign the Inspection Report Form.                                                                                                                                                                                                                                                                                    | 2.2 Request the client to sign the Inspection Report Form.                                                                                                                                                                        | None                                                                                                                                                                        |                        |                           |

|                                                            |                                                                                          |      |  |  |
|------------------------------------------------------------|------------------------------------------------------------------------------------------|------|--|--|
| Otherwise, acknowledge that the request cannot be granted. | If the request is not possible, explain to the client why the request cannot be granted. | None |  |  |
|------------------------------------------------------------|------------------------------------------------------------------------------------------|------|--|--|

|                                                                   |                                                            |             |                                                       |          |
|-------------------------------------------------------------------|------------------------------------------------------------|-------------|-------------------------------------------------------|----------|
| 3. Cooperate with the CGSO crew during the conduct of declogging. | 3. Conduct the declogging of the canal as scheduled.       | None        | 3 hours and 45 minutes to 1 day (minor task)          | GSO crew |
| 3.1 Acknowledge that the declogging was performed.                | 3.1 Request the client to sign the Acknowledgment Receipt. | None        | 2 to 5 days (major task)                              |          |
|                                                                   | <b>TOTAL:</b>                                              | <b>None</b> | <b>3 hours and 45 minutes to 1 day for minor task</b> |          |
|                                                                   |                                                            |             | <b>2 to 5 days – for major task</b>                   |          |

## 2. DISINFECTION SERVICES

The City General Services Office (CGSO) attends to requests for disinfection of facilities of public and private establishments subject to availability of schedule, manpower, and furniture/equipment.

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                    |                                                                                                                                                                                    |                             |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| <b>OFFICE / DIVISION:</b>                                                                                                                                                                                                                                                                                       | CITY GENERAL SERVICES OFFICE – <b>BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION</b>                                                                                                         |                                                                                                                                                                                    |                             |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                          | Simple                                                                                                                                                                                             |                                                                                                                                                                                    |                             |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                    |                                                                                                                                                                                    |                             |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                           | Residents of Antipolo City;<br>Public and private schools located within Antipolo City;<br>City government officials, departments and program offices; Tenants of city government owned properties |                                                                                                                                                                                    |                             |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    | <b>WHERE TO SECURE</b>                                                                                                                                                             |                             |                           |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:<br>a. Contact person<br>b. Contact number / email address<br>c. Complete address<br>d. Exact location where disinfection is needed<br>e. Other details of the request |                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Client</li> </ul> |                             |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                             | <b>AGENCY ACTION</b>                                                                                                                                                                               | <b>FEES TO BE PAID</b>                                                                                                                                                             | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b> |
| 1. Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> .                                                                                                                                                     | 1. Verify the request.                                                                                                                                                                             | None                                                                                                                                                                               | 45 minutes                  | CGSO Admin Staff          |
| 1.1 Receive notification regarding the availability of the request.                                                                                                                                                                                                                                             | 1.1 Notify the client for confirmation of the availability of the request.                                                                                                                         | None                                                                                                                                                                               |                             |                           |
| 2. Cooperate with the GSO crew during the conduct of disinfection activity/ies.                                                                                                                                                                                                                                 | 2. Provide the disinfection services.                                                                                                                                                              | None                                                                                                                                                                               | 1 day                       | GSO Crew                  |
| 2.1 Acknowledge that the disinfection services were provided.                                                                                                                                                                                                                                                   | 2.1 Request the client to sign the Acknowledgment Receipt.                                                                                                                                         | None                                                                                                                                                                               |                             |                           |
|                                                                                                                                                                                                                                                                                                                 | <b>TOTAL:</b>                                                                                                                                                                                      | <b>None</b>                                                                                                                                                                        | <b>1 day and 45 minutes</b> |                           |

### 3. GRASS-CUTTING SERVICES

The City General Services Office (CGSO) attends to requests for grass cutting services subject to availability of schedule, manpower and/or equipment.

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                     | CITY GENERAL SERVICES OFFICE – <b>BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION / STREET CLEANER DIVISION</b>                                                                                                                         |                                                                                                                                                                                    |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                           | Simple / Complex                                                                                                                                                                                                                             |                                                                                                                                                                                    |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                              |                                                                                                                                                                                    |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                            | Residents of Antipolo City;<br>Public and private schools located within Antipolo City; Tenants of city government owned properties;<br>Rizal Provincial Hospital System – Annex 2;<br>Antipolo City Hospital System – Cabading and Mambugan |                                                                                                                                                                                    |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              | <b>WHERE TO SECURE</b>                                                                                                                                                             |                        |                           |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:<br>a. Contact person<br>b. Contact number / email address<br>c. Complete address<br>d. Exact location where grass cutting is needed<br>e. Other details of the request |                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Client</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                                                                                                                                                                         | <b>FEES TO BE PAID</b>                                                                                                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Follow up the request physically at CGSO, or call tel. # 8689-4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> .                                                                                                                                                       | 1. Verify the request.                                                                                                                                                                                                                       | None                                                                                                                                                                               | 45 minutes             | CGSO Admin Staff          |
| 1.1 Get information about the schedule of inspection.                                                                                                                                                                                                                                                            | 1.1 Schedule the inspection of the vicinity.                                                                                                                                                                                                 | None                                                                                                                                                                               |                        |                           |
| 2. Cooperate with the GSO personnel during the inspection.                                                                                                                                                                                                                                                       | 2. Conduct the inspection.                                                                                                                                                                                                                   | None                                                                                                                                                                               | 1 day                  | GSO Inspector             |
| 2.1 Confirm the schedule of grass cutting and sign the Inspection Report Form.                                                                                                                                                                                                                                   | 2.1 Set the schedule of grass cutting and request the client to sign the Inspection Report Form.                                                                                                                                             | None                                                                                                                                                                               |                        |                           |
| Otherwise, acknowledge that the request cannot be granted.                                                                                                                                                                                                                                                       | If the request is not possible, explain to the client why the request cannot be granted.                                                                                                                                                     | None                                                                                                                                                                               |                        |                           |

|                                                                      |                                                            |             |                                               |          |
|----------------------------------------------------------------------|------------------------------------------------------------|-------------|-----------------------------------------------|----------|
| 3. Cooperate with the CGSO crew during the conduct of grass cutting. | 3. Conduct the grass cutting operation as scheduled.       | None        | 1 day (minor task)                            | GSO crew |
| 3.1 Acknowledge that the grass cutting was performed.                | 3.1 Request the client to sign the Acknowledgment Receipt. | None        | -----<br>2 to 3 days (major task)             |          |
|                                                                      | <b>TOTAL:</b>                                              | <b>None</b> | <b>2 days and 45 minutes – for minor task</b> |          |
|                                                                      |                                                            |             | <b>3 days – for major task</b>                |          |

## 4. HAULING/TRANSPORTATION SERVICES

On some occasions, the City General Services Office (CGSO) attends to requests for hauling/transportation services subject to availability of schedule, manpower and/or equipment.

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                             |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                      | CITY GENERAL SERVICES OFFICE – <b>BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION</b>                                                                                                                                                                                                                  |                                                                                                                                                                                    |                             |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                            | Simple                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                             |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                      | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                                             |                                                                                                                                                                                    |                             |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                             | Residents of Antipolo City;<br>Public and private schools located within Antipolo City;<br>City government officials, departments and program offices; Tenants of city government owned properties;<br>Rizal Provincial Hospital System – Annex 2;<br>Antipolo City Hospital System – Cabading and Mambugan |                                                                                                                                                                                    |                             |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                             | <b>WHERE TO SECURE</b>                                                                                                                                                             |                             |                           |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:<br>a. Contact person<br>b. Contact number email address<br>c. Complete address<br>d. Exact locations of hauling (origin and destination)<br>e. Date and time of hauling |                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Client</li> </ul> |                             |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                               | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                        | <b>FEES TO BE PAID</b>                                                                                                                                                             | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b> |
| 1. Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a><br><br>1.1 Receive notification regarding the availability of the request.                                                                              | 1. Verify the request.<br><br>1.1 Notify the client for confirmation of the availability of the request.                                                                                                                                                                                                    | None<br><br>None                                                                                                                                                                   | 45 minutes                  | CGSO Admin Staff          |
| 2. Cooperate with the GSO crew during the hauling activity.<br><br>2.1 Acknowledge that the hauling activity was performed.                                                                                                                                                                                       | 2. Provide the hauling services.<br><br>2.1 Request the client to sign the Acknowledgment Receipt.                                                                                                                                                                                                          | None<br><br>None                                                                                                                                                                   | 1 day                       | GSO crew                  |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             | <b>None</b>                                                                                                                                                                        | <b>1 day and 45 minutes</b> |                           |



## 5. PROVISION OF FURNITURE AND EQUIPMENT SUCH AS TENTS, STAGE, TABLES, CHAIRS, BACKDROP FRAMES, ETC.

The City General Services Office (CGSO) attends to requests to borrow tents, collapsible stage, bleachers, electrical extensions, air coolers, and others subject to availability of schedule, manpower, and furniture/equipment. Retrieval of borrowed items is subject to inspection of loss or damage after use.

use.

|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                |                                                         |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|
| OFFICE / DIVISION:                                                                                                                                                                                                                                                                                                       | CITY GENERAL SERVICES OFFICE – BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION                                                                                                                                                                                                                           |                                                                                                                                                                                |                                                         |                                         |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                          | Simple                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                |                                                         |                                         |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen; G2B – Government to Business; G2G – Government to Government                                                                                                                                                                                                                     |                                                                                                                                                                                |                                                         |                                         |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                           | Residents of Antipolo City;<br>Public and private schools located within Antipolo City;<br>City Government officials, departments and program offices; Rizal Provincial Hospital System – Annex 2;<br>Antipolo City Hospital System – Cabading and Mambungan;<br>Tenants of city government owned properties; |                                                                                                                                                                                |                                                         |                                         |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                               | WHERE TO SECURE                                                                                                                                                                |                                                         |                                         |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:<br>a. Contact person<br>b. Contact number / email address<br>c. Event / activity title<br>d. Date and time of the event / activity<br>e. Place / venue of the event / activity |                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"><li>- Office of the City Mayor</li><li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li><li>- Client</li></ul> |                                                         |                                         |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                             | AGENCY ACTION                                                                                                                                                                                                                                                                                                 | FEES TO BE PAID                                                                                                                                                                | PROCESSING TIME                                         | PERSON RESPONSIBLE                      |
| 1. Follow up the request physically at CGSO, or call tel. # 8689-4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> .                                                                                                                                                               | 1. Verify the request.                                                                                                                                                                                                                                                                                        | None                                                                                                                                                                           | 45 minutes                                              | CGSO Monitor of Furniture and Equipment |
| 1.1 Receive notification regarding the availability of the request.                                                                                                                                                                                                                                                      | 1.1 Notify the client for confirmation of the availability of the request.                                                                                                                                                                                                                                    | None                                                                                                                                                                           |                                                         |                                         |
| 2. Cooperate with the GSO crew during the delivery and/or set up of the furniture / equipment.                                                                                                                                                                                                                           | 2. Deliver and/or set up the furniture/ equipment.                                                                                                                                                                                                                                                            | None                                                                                                                                                                           | 1 day (minor task)<br>-----<br>1 to 2 days (major task) | GSO Crew                                |
| 2.1 Acknowledge the delivery and/or set up of the furniture/ equipment.                                                                                                                                                                                                                                                  | 2.1 Request the client to sign the Acknowledgment Receipt.                                                                                                                                                                                                                                                    | None                                                                                                                                                                           |                                                         |                                         |
|                                                                                                                                                                                                                                                                                                                          | TOTAL:                                                                                                                                                                                                                                                                                                        | None                                                                                                                                                                           | 1 day and 45 minutes – for minor task                   |                                         |
|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                | 2 days – for major task                                 |                                         |

## 6. PRUNING SERVICES / TRIMMING OF TREES

The City General Services Office (CGSO) attends to requests for pruning services / trimming of trees subject to availability of schedule, manpower and/or equipment.

|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                        |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                       | CITY GENERAL SERVICES OFFICE – <b>BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION</b>                                                                                                                                                        |                                                                                                                                                                                    |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                         | Simple / Complex                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                   | G2C – Government to Citizen; G2B – Government to Business; G2G – Government to Government                                                                                                                                                         |                                                                                                                                                                                    |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                          | Residents of Antipolo City;<br>Public and private schools located within Antipolo City; Tenants of city government owned properties;<br>Rizal Provincial Hospital System – Annexes 1 and 2; Antipolo City Hospital System – Cabading and Mambugan |                                                                                                                                                                                    |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   | <b>WHERE TO SECURE</b>                                                                                                                                                             |                        |                           |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:<br>a. Contact person<br>b. Contact number / email address<br>c. Complete address<br>d. Exact location where pruning / trimming of trees is needed<br>e. Other details of the request |                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Client</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                                                                                                                                                              | <b>FEES TO BE PAID</b>                                                                                                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1 Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> .                                                                                                                                                                     | 1. Verify the request.                                                                                                                                                                                                                            | None                                                                                                                                                                               | 45 minutes             | CGSO Admin Staff          |
| 1.1 Get information about the schedule of inspection.                                                                                                                                                                                                                                                                          | 1.1 Schedule the inspection of the vicinity.                                                                                                                                                                                                      | None                                                                                                                                                                               |                        |                           |
| 2. Cooperate with the GSO personnel during the inspection.                                                                                                                                                                                                                                                                     | 2. Conduct the inspection.                                                                                                                                                                                                                        | None                                                                                                                                                                               | 1 day                  | GSO Inspector             |
| 2.1 Confirm the schedule of pruning / trimming of trees and sign the Inspection Report Form.                                                                                                                                                                                                                                   | 2.1 Set the schedule of pruning / trimming of trees and request the client to sign the Inspection Report Form.                                                                                                                                    | None                                                                                                                                                                               |                        |                           |
| Otherwise, acknowledge that the request cannot be granted                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                   | None                                                                                                                                                                               |                        |                           |

|                                                                                                                                                           |                                                                                                                                                             |                  |                                                       |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------|----------|
|                                                                                                                                                           | If the request is not possible, explain to the client and request him/her to sign the Inspection Report Form.                                               |                  |                                                       |          |
| 3. Cooperate with the CGSO crew during the conduct of pruning/trimming of trees.<br><br>3.1 Acknowledge that the pruning/trimming of trees was performed. | 3. Conduct the pruning /trimming of trees as scheduled.<br><br>3.1 Request the client to sign/acknowledge that the pruning/trimming of trees was performed. | None<br><br>None | 1 day (minor task)<br>-----<br>to 3 days (major task) | GSO crew |
|                                                                                                                                                           | <b>TOTAL:</b>                                                                                                                                               | <b>None</b>      | <b>2 days and 45 minutes for minor task</b>           |          |
|                                                                                                                                                           |                                                                                                                                                             |                  | <b>3 days – for major task</b>                        |          |



# **City General Services Office**

## **(Internal Services)**



## 1. MAJOR FABRICATION, INSTALLATION, REPAIR, REPLACEMENT AND MAINTENANCE SERVICES

**The City General Services Office (CGSO)** is the office responsible for the inspection, cost estimation, and execution of major works, to ensure the safety, efficiency, and proper maintenance of city government properties, facilities, and equipment.

- a. Air-conditioning equipment installation, repair, replacement and maintenance;
- b. Carpentry fabrication, installation, repair, replacement and maintenance;
- c. Electrical installation, repair, replacement and maintenance;
- d. Management, repair and maintenance of city government owned facilities, machineries and equipment;
- e. Metal fabrication, installation, repair, replacement and maintenance; and
- f. Plumbing installation, repair, replacement and maintenance.

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                        | CITY GENERAL SERVICES OFFICE<br><b>1. BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION</b><br><b>2. SEWAGE TREATMENT PLANT DIVISION</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                    |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                          | Complex / Highly Technical                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                    | G2G – Government to Government                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                           | Departments and program offices of the City Government;<br>Antipolo City Hospital System – Cabading and Mambugan; Rizal Provincial Hospital System –Dalig;<br>Antipolo Institute of Technology (AiTech);<br>City Mall of Antipolo;<br>City Public Cemetery;<br>Public schools located within Antipolo City; and<br>Tenants of other city government owned buildings/structures |                                                                                                                                                                                    |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                | <b>WHERE TO SECURE</b>                                                                                                                                                             |                        |                           |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others: <ol style="list-style-type: none"> <li>a. Contact person</li> <li>b. Contact number / email address</li> <li>c. Kind of required services</li> <li>d. Location where services are required</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Client</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                             | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                           | <b>FEES TO BE PAID</b>                                                                                                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> .                                                                                                                                                                                     | 1. Verify the request.                                                                                                                                                                                                                                                                                                                                                         | None                                                                                                                                                                               | 45 minutes             | CGSO Admin Staff          |
| 1.1 Get information about the schedule of inspection.                                                                                                                                                                                                                                                                                           | 1.1 Schedule the inspection.                                                                                                                                                                                                                                                                                                                                                   | None                                                                                                                                                                               |                        |                           |

|                                                                                     |                                                                             |             |                                       |                                             |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|---------------------------------------|---------------------------------------------|
| 2. Cooperate with the GSO personnel during the inspection and evaluation.           | 2. Conduct the inspection and evaluation of necessary works to be done.     | None        | 3 days                                | GSO Inspector                               |
| 2.1 Sign the Inspection Report.                                                     | 2.1 Prepare the Inspection Report, and request the client to sign the same. | None        |                                       | GSO Inspector                               |
| 2.2 None                                                                            | 2.2 Prepare and submit the Program of Work (POW) for approval.              | None        |                                       | GSO Head                                    |
| 2.3 None                                                                            | 2.3 Approve the POW.                                                        | None        |                                       |                                             |
| 2.4 None                                                                            | 2.4 Acquire supplies and materials from warehouse.                          | None        |                                       | City Mayor<br>GSO<br>personnel<br>concerned |
| 3. Cooperate with the CGSO crew during the conduct of major repair and maintenance. | 3. Provide the major repair and maintenance services needed.                | None        | 7 to 20 days                          | GSO<br>personnel                            |
| 3.1 Sign the Acknowledgment Form for the services provided.                         | 3.1 Request the client to sign the Acknowledgment Form.                     | None        |                                       |                                             |
|                                                                                     | <b>TOTAL:</b>                                                               | <b>None</b> | <b>23 days<br/>and 45<br/>minutes</b> |                                             |

## 2. MINOR FABRICATION, INSTALLATION, REPAIR, REPLACEMENT AND MAINTENANCE SERVICES

The City General Services Office (CGSO) is also responsible for the inspection, cost estimation, and performance of the following **minor works**.

- a. Air-conditioning equipment installation, repair, replacement and maintenance;
- b. Carpentry fabrication, installation, repair, replacement and maintenance;
- c. Electrical installation, repair, replacement and maintenance;
- d. Management, repair and maintenance of city government owned facilities, machineries and equipment;
- e. Metal fabrication, installation, repair, replacement and maintenance; and
- f. Plumbing installation, repair, replacement and maintenance.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY GENERAL SERVICES OFFICE<br><b>1. BUILDING AND GROUNDS REPAIR AND MAINTENANCE DIVISION</b><br><b>2. SEWAGE TREATMENT PLANT DIVISION</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                        | Simple                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | G2G – Government to Government                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | Departments and program offices of the City Government;<br>Antipolo City Hospital System – Cabading and Mambagan;<br>Rizal Provincial Hospital System –Dalig;<br>Antipolo Institute of Technology (AiTech);<br>City Mall of Antipolo;<br>City Public Cemetery;<br>Public schools located within Antipolo City; and<br>Tenants of other city government owned buildings/structures |                                                                                                                                                                                    |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                   | WHERE TO SECURE                                                                                                                                                                    |                 |                    |
| Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:<br><ol style="list-style-type: none"> <li>a. Contact person</li> <li>b. Contact number / email address</li> <li>c. Kind of required services</li> <li>d. Location where services are required</li> <li>e. Detailed information for temporary provisions (for official events/activities)</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Client</li> </ul> |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                     | FEES TO BE PAID                                                                                                                                                                    | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> .                                                                                                                                                                                                                                                                                   | 1 Verify the request.                                                                                                                                                                                                                                                                                                                                                             | None                                                                                                                                                                               | 45 minutes      | CGSO Admin Staff   |
| 1.1 Get information about the schedule of inspection.                                                                                                                                                                                                                                                                                                                                                                                         | 1.1 Schedule the inspection, if needed.                                                                                                                                                                                                                                                                                                                                           | None                                                                                                                                                                               |                 |                    |

|                                                                           |                                                                        |      |        |               |
|---------------------------------------------------------------------------|------------------------------------------------------------------------|------|--------|---------------|
| 2. Cooperate with the GSO personnel during the inspection and evaluation. | 2. Conduct the inspection and evaluation of necessary work to be done. | None | 2 days | GSO Inspector |
|---------------------------------------------------------------------------|------------------------------------------------------------------------|------|--------|---------------|

|                                                                                     |                                                                            |             |                              |               |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------|------------------------------|---------------|
| 2.1 Sign the Inspection Report.                                                     | 2.1 Prepare the Inspection Report and request the client to sign the same. | None        |                              |               |
| 3. Cooperate with the CGSO crew during the conduct of minor repair and maintenance. | 3. Provide the minor repair and maintenance services needed.               | None        | 2 days                       | GSO personnel |
| 3.1. Sign the Acknowledgment Form for the services provided.                        | 3.2 Request the client to sign the Acknowledgment Form.                    | None        |                              |               |
|                                                                                     | <b>TOTAL:</b>                                                              | <b>None</b> | <b>5 days and 45 minutes</b> |               |



### 3. PRE-DISPOSAL ACTIVITIES (VALUELESS RECORDS)

Prior to records disposal, the City General Services Office (CGSO) conducts pre-disposal activities which involve inspection and transfer of valueless records from the present storage area to CGSO Records Storage Area.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY GENERAL SERVICES OFFICE – <b>RECORDS MANAGEMENT AND ARCHIVES DIVISION (RMAD)</b>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Highly Technical                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G2G – Government to Government                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Departments and program offices of the City Government; Antipolo City Hospital System – Cabading and Mambungan; Rizal Provincial Hospital System – Dalig; Antipolo Institute of Technology (AiTech) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                     | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                           |
| <ol style="list-style-type: none"> <li>Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others: <ol style="list-style-type: none"> <li>Contact person</li> <li>Contact number / email address</li> <li>Requesting office</li> </ol> </li> <li>Duly accomplished Inventory of Records (NAP Form 1)</li> <li>Certification that records being requested for storage are inactive records</li> <li>Presence of the designated Records Officer (during inspection and transfer)</li> </ol> |                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Office of the City Mayor</li> <li><a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>Requesting Office</li> <li><a href="https://nationalarchives.gov.ph/wp-content/uploads/2015/05/NAP-Form-1-inventory-appraisal.pdf">https://nationalarchives.gov.ph/wp-content/uploads/2015/05/NAP-Form-1-inventory-appraisal.pdf</a></li> <li>Requesting Office</li> <li>Requesting Office</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                                                                                                                                | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <ol style="list-style-type: none"> <li>Follow up the request physically at CGSO, or call tel. # 8689- 2466, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a>.</li> </ol>                                                                                                                                                                                                                                                                                                                                                               | <ol style="list-style-type: none"> <li>Confirm the receipt of the request.</li> </ol>                                                                                                               | None                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 45 minutes             | RMAD Staff                |
| <ol style="list-style-type: none"> <li>1.1 Acknowledge/ confirm the set date of inspection and transfer of valueless records.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                | <ol style="list-style-type: none"> <li>1.1 Schedule the inspection and transfer of the valueless records from the Requesting Office to the GSO Records Storage Area.</li> </ol>                     | None                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | RMAD Staff                |

|                                                                                               |                                                                                                          |      |               |            |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|---------------|------------|
| 2. Cooperate with the RMAD Inspector during the inspection and transfer of valueless records. | 2. Conduct the inspection of the valueless records.                                                      | None | 21 to 44 days | RMAD Staff |
| 2.1 Turn over the valueless records to the RMAD Staff.                                        | 2.1 Receive the valueless records and cause their transfer from the Requesting Office to the GSO Records | None |               |            |

|  |                                                    |             |                               |  |
|--|----------------------------------------------------|-------------|-------------------------------|--|
|  | Storage Area for temporary storage until disposal. |             |                               |  |
|  | <b>TOTAL:</b>                                      | <b>None</b> | <b>45 days and 45 minutes</b> |  |

## 4. REPAIR AND MAINTENANCE OF CITY GOVERNMENT OWNED VEHICLES

The **City General Services Office (CGSO)** shall be primarily responsible for the repair and maintenance of city government–owned vehicles, subject to the availability of manpower, supplies, spare parts, and equipment, to ensure their safe and efficient operation.

|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                           | CITY GENERAL SERVICES<br>OFFICE <b>MOTORPOOL<br/>DIVISION</b>                                                                                                                                                                                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                 | Simple / Complex / Highly Technical                                                                                                                                                                                                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                       | G2G – Government to Government                                                                                                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                  | Departments and program offices of the City Government; Antipolo City Hospital System – Cabading and Mambugan; Rizal Provincial Hospital System –Dalig<br>Antipolo Institute of Technology (AiTech); and<br>Other users of city government owned vehicles |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                    |
| <p>Approved letter request submitted physically, or by email to Antipolo City Government, or</p> <p>Request Form – to be accomplished by the driver indicating the following information:</p> <ol style="list-style-type: none"> <li>Contact person</li> <li>Contact number / email address</li> <li>Office</li> <li>Plate number</li> <li>Issue / concerns</li> </ol> | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- CGSO</li> <li>- Client / driver</li> </ul>                                               |

**FOR MINOR REPAIR:**

| CLIENT STEPS                                                                                                                                                | AGENCY ACTION                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------|-----------------|------------------------------------------|
| 1. Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> . | 1. Verify the request.                                                         | None            | 45 minutes      | CGSO Admin Staff                         |
| <i>For immediate repair,</i><br>bring the motor vehicle to CGSO Motor Pool.                                                                                 | Verify the issue/ concern and assign a mechanic and helper.                    | None            |                 | Motor Pool Inspector                     |
| 1.1 Cooperate with the GSO personnel during the motor vehicle inspection.                                                                                   | 1.1 Conduct the inspection of the motor vehicle to evaluate issue/ concerns.   | None            |                 | Motor Pool Inspector / Mechanic / Helper |
| 1.2 Sign the Pre-Inspection Report.                                                                                                                         | 1.2 Prepare the Pre-Inspection Report and request the client to sign the same. | None            |                 | Motor Pool Inspector/ Mechanic           |

|                                                              |                                                                                                              |             |                              |                      |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------|------------------------------|----------------------|
| 2. Coordinate with the mechanic about the issue/concern.     | 2. Conduct the necessary repair/ maintenance.                                                                | None        | 3 days                       | Mechanic and Helper  |
| 2.1 Sign the Acknowledgment Form and Post Inspection Report. | 2.1 Prepare the Acknowledgment Form and the Post Inspection Report, and request the driver to sign the same. | None        |                              | Motor Pool Inspector |
|                                                              | <b>TOTAL:</b>                                                                                                | <b>None</b> | <b>3 days and 45 minutes</b> |                      |

**FOR MAJOR REPAIR:**

| CLIENT STEPS                                                                                                                                                | AGENCY ACTION                                                                                                | FEES TO BE PAID | PROCESSING TIME               | PERSON RESPONSIBLE   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|----------------------|
| 1. Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a> . | 1. Verify the request.                                                                                       | None            | 45 minutes                    | CGSO Admin Staff     |
| 1.1 None                                                                                                                                                    | 1.1 Assign a mechanic and a helper.                                                                          | None            |                               |                      |
| 1.2 Get information about the schedule of inspection.                                                                                                       | 1.2 Schedule the inspection.                                                                                 | None            |                               |                      |
| 2. Cooperate with the GSO personnel during the inspection.                                                                                                  | 2. Conduct the inspection.                                                                                   | None            | 1 day                         | GSO Inspector        |
| 2.1 Sign the Acknowledgment Form and Post Inspection Report.                                                                                                | 2.1 Prepare the Acknowledgment Form and the Post Inspection Report, and request the driver to sign the same. | None            |                               | Motor Pool Inspector |
| 3. Coordinate with the mechanic about the issue/concern.                                                                                                    | 3. Conduct the necessary repair / maintenance.                                                               | None            | 28 days                       | Mechanic and Helper  |
| 3.1 Sign the Acknowledgment Form and Post Inspection Report.                                                                                                | 3.1 Prepare the Acknowledgment Form and the Post Inspection Report, and request the driver to sign the same. | None            |                               | Motor Pool Inspector |
|                                                                                                                                                             | <b>TOTAL:</b>                                                                                                | <b>None</b>     | <b>29 days and 45 minutes</b> |                      |

## 5. STORAGE OF INACTIVE RECORDS

The City General Services Office (CGSO) is in charge of the storage, security and protection of inactive records of City Government offices for a specific period of time. CGSO caters to requesters on a first-come-first-serve basis subject to availability of storage space, manpower and equipment.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>CITY GENERAL SERVICES OFFICE – RECORDS MANAGEMENT AND ARCHIVES DIVISION (RMAD)</b>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                     |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Highly Technical                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G2G – Government to Government                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Departments and program offices of the City Government; Antipolo City Hospital System – Cabading and Mambagan;<br>Rizal Provincial Hospital System –Dalig;<br>Antipolo Institute of Technology (AiTech)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                     |
| <ol style="list-style-type: none"> <li>1. Approved letter request submitted physically, or by email to Antipolo City Government indicating the following information, among others:               <ol style="list-style-type: none"> <li>a. Contact person</li> <li>b. Contact number / email address</li> <li>c. Requesting office</li> </ol> </li> <li>2. Duly accomplished Inventory of Records (NAP Form 1)</li> <li>3. Certification that records requested for storage are inactive records</li> <li>4. Presence of the designated Records Officer (during inspection and transfer)</li> </ol> |                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>- Office of the City Mayor</li> <li>- <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></li> <li>- Requesting Office</li> <br/> <li>- <a href="https://nationalarchives.gov.ph/wp-content/uploads/2015/05/NAP-Form-1-inventory-appraisal.pdf">https://nationalarchives.gov.ph/wp-content/uploads/2015/05/NAP-Form-1-inventory-appraisal.pdf</a></li> <li>- Requesting Office</li> <br/> <li>- Requesting Office</li> </ul> |                        |                                     |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                                                                                                                                                                       | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| <ol style="list-style-type: none"> <li>1. Follow up the request physically at CGSO, or call tel. # 8689- 4587, or send email to <a href="mailto:antipologso@gmail.com">antipologso@gmail.com</a>.</li> <li>1.1.Acknowledge/ confirm the set date of inspection and transfer of inactive records.</li> </ol>                                                                                                                                                                                                                                                                                          | <ol style="list-style-type: none"> <li>1. Confirm the receipt of the request.</li> <li>1.1 Schedule the inspection and transfer of inactive records from the Requesting Office to the GSO Records Storage Area.</li> </ol> | <p>None</p> <p>None</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>45 minutes</p>      | <p>RMAD Staff</p> <p>RMAD Staff</p> |
| <ol style="list-style-type: none"> <li>2. Cooperate with the RMAD Inspector during the inspection and transfer of inactive records.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ol style="list-style-type: none"> <li>2. Conduct the inspection of the inactive records.</li> </ol>                                                                                                                       | <p>None</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>44 days</p>         | <p>RMAD Staff</p>                   |

|                                                        |                                                                                                                   |             |                               |  |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|--|
| 2.1 Turn over the valueless records to the RMAD Staff. | 2.1 Receive inactive records and cause their transfer from the Requesting Office to the GSO Records Storage Area. | None        |                               |  |
|                                                        | <b>TOTAL:</b>                                                                                                     | <b>None</b> | <b>45 minutes and 44 days</b> |  |



# **City Hall Annex I**

## **External Services**





## 1. FREE DENTAL CHECK-UP AND TOOTH EXTRACTION SERVICES

Apart from free medical consultation, immunization, and maternal care services, the Rural Health Unit II at Antipolo City Hall Annex I also provides free dental services such as dental check-up and tooth extraction from Monday to Friday to residents of Antipolo City in lower areas of the City to ensure their proper and adequate oral hygiene.

|                                                                                         |                                                                              |                                     |                        |                           |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                            | ANTIPOLO CITY HALL ANNEX I<br>RURAL HEALTH UNIT (RHU) II                     |                                     |                        |                           |
| <b>CLASSIFICATION:</b>                                                                  | Simple                                                                       |                                     |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                            | G2C – Government to Citizen                                                  |                                     |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                   | All                                                                          |                                     |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                        |                                                                              | <b>WHERE TO SECURE</b>              |                        |                           |
| Individual Dental Record Form – to be accomplished by the client                        |                                                                              | RHU II – Antipolo City Hall Annex I |                        |                           |
| <b>CLIENT STEPS</b>                                                                     | <b>AGENCY ACTION</b>                                                         | <b>FEES TO BE PAID</b>              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Secure queue number from the RHU Information Desk.                                   | 1. Issue queue number.                                                       | None                                | 1 minute               | BHW on duty               |
| 2. Proceed to RHU Dental Section, and secure Individual Dental Record Form (IDRF).      | 2. Issue IDRF.                                                               | None                                | 1 minute               | BHW on duty               |
| 2.1 Submit the accomplished IDRF for vital signs check.                                 | 2.1 Receive the IDRF and check the client's vital signs and chief complaint. | None                                | 3 minutes              |                           |
| 2.2 Proceed to the waiting area for queuing.                                            | 2.2 Advise the client to queue at the waiting area.                          | None                                |                        |                           |
| 3. Once called, proceed to the Dental Room for dental check-up and/or tooth extraction. | 3. Perform tooth examination, anesthetic application, and tooth extraction.  | None                                | 20 minutes             | Dentist on duty           |
| 3.1 Receive dental care instruction.                                                    | 3.1 Give dental care instructions.                                           | None                                |                        |                           |
| 3.2 Secure a prescription, if any.                                                      | 3.2 Issue the prescription.                                                  | None                                |                        |                           |
| <b>TOTAL:</b>                                                                           |                                                                              | <b>None</b>                         | <b>25 minutes</b>      |                           |

## 2. FREE IMMUNIZATION SERVICES

The Rural Health Unit (RHU) II at Antipolo City Hall Annex I provides free immunization services to infants aged 0-11 months. The immunization is administered every Wednesday from 8:00 AM to 4:00 PM.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                      | ANTIPOLO CITY HALL ANNEX I<br>RURAL HEALTH UNIT (RHU) II                                                                                                                                                                  |                                                                       |                    |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                            | Simple                                                                                                                                                                                                                    |                                                                       |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                  | G2C – Government to Citizen                                                                                                                                                                                               |                                                                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                             | Infants – 0 to 11-month-old                                                                                                                                                                                               |                                                                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                         |                                                                                                                                                                                                                           | WHERE TO SECURE                                                       |                    |                       |
| <i>For existing client:</i><br>1. Child Immunization Card<br><i>For new client:</i><br>Child Registration Form – to be accomplished by the client |                                                                                                                                                                                                                           | - Mother<br><br>- OPSS on duty at RHU II – Antipolo City Hall Annex I |                    |                       |
| CLIENT STEPS                                                                                                                                      | AGENCY ACTION                                                                                                                                                                                                             | FEES<br>TO BE<br>PAID                                                 | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| <i>For existing client:</i><br>1. Submit the Child Immunization Card to the RHU Information Desk.                                                 | 1. Receive the Child Immunization Card and update the child's information.                                                                                                                                                | None                                                                  | 3 minutes          | RHU personnel on duty |
| <i>For new client:</i><br>Submit the accomplished Child Registration Form.                                                                        | Receive the Child Registration Form, register the child's name in the Field Health Service Information System (FHSIS) / Record Book, and record all pertinent data and the child's weight in the Child Immunization Card. | None                                                                  | 5 minutes          | RHU personnel on duty |
| 1.1 Secure queue number.                                                                                                                          | 1.1 Issue queue number.                                                                                                                                                                                                   | None                                                                  | -                  | RHU personnel on duty |
| 2. Once called, surrender the queue number, and submit the child to immunization.                                                                 | 2. Receive the queue number and administer immunization of the child.                                                                                                                                                     | None                                                                  | 5 minutes          | RHU personnel on duty |
| 2.1 Receive post-immunization instructions and information of the next immunization schedule.                                                     | 1 Provide post-immunization instructions and advise mother of the next immunization schedule.                                                                                                                             | None                                                                  | 2 minutes          | RHU personnel on duty |
| 2.2 Claim the Child Immunization Card.                                                                                                            | 2.2 Return the Child Immunization Card to the mother.                                                                                                                                                                     | None                                                                  | -                  | RHU personnel on duty |
| <b>TOTAL:</b>                                                                                                                                     |                                                                                                                                                                                                                           | <b>None</b>                                                           | <b>15 minutes</b>  |                       |

### 3. FREE MATERNAL CARE SERVICES

To be able to achieve low, if not zero, maternal mortality and morbidity rates, pregnant women are advised to submit themselves to monthly pre-natal check-up and anti-tetanus vaccine. Maternal care services are available at the Rural Health Unit (RHU) II at Antipolo City Hall Annex I every Thursday. RHU II also provides family planning (FP) services to advocate proper birth spacing, birth control, and introduce natural family planning methods.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                              | ANTIPOLO CITY HALL ANNEX I<br>RURAL HEALTH UNIT (RHU) II                                                                                     |                                     |                    |                       |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                    | Simple                                                                                                                                       |                                     |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                              | G2C – Government to Citizen                                                                                                                  |                                     |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                     | Pregnant women                                                                                                                               |                                     |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                 |                                                                                                                                              | WHERE TO SECURE                     |                    |                       |
| Home Based Maternity Record (HBMR) Card                                                                                   |                                                                                                                                              | RHU II – Antipolo City Hall Annex I |                    |                       |
| CLIENT STEPS                                                                                                              | AGENCY ACTION                                                                                                                                | FEES<br>TO BE<br>PAID               | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| <i>For existing client:</i><br>1. Submit the HBMR Card to RHU II at City Hall Annex I.                                    | 1. Receive the HBMR Card and update the client's information.                                                                                | None                                | 5 minutes          | RHU personnel on duty |
| <i>For new client:</i><br>Register in the Registry Log Book.                                                              | Request the client to sign in the Registry Log Book and record the client's information in the HBMR Card.                                    | None                                |                    |                       |
| 1.1 Secure queue number.                                                                                                  | 1.1 Issue queue number.                                                                                                                      | None                                |                    |                       |
| 2. Once called, submit to pre-natal examination, and other related examinations.                                          | 2. Conduct pre-natal and other related examinations.                                                                                         | None                                | 10 minutes         | RHU personnel on duty |
| 2.1 Submit to Tetanus Toxoid vaccination.                                                                                 | 2.1 Administer Tetanus Toxoid vaccination.                                                                                                   | None                                | 5 minutes          | RHU personnel on duty |
| 3. Undergo counseling session, health education including lecture on breastfeeding, and Family Planning (FP) orientation. | 3. Conduct counseling session, health education including lecture on breastfeeding, and orientation on all kinds of family planning methods. | None                                | 15 minutes         | RHU personnel on duty |
| 3.1 Receive Information/ Education/ Communication (IEC) materials.                                                        | 3.1 Give available IEC materials.                                                                                                            | None                                |                    |                       |
| <b>TOTAL:</b>                                                                                                             |                                                                                                                                              | <b>None</b>                         | <b>35 minutes</b>  |                       |

#### 4. FREE MEDICAL CONSULTATION SERVICES

The Rural Health Unit (RHU) II at Antipolo City Hall Annex I provides free medical consultation services to residents of nearby barangays every Monday, Thursday and Friday from 9:00 AM to 2:00 PM. The assigned Medical Officer provides diagnosis and treatment of illness, prescription and appropriate medical services to out-patients especially those who cannot avail of the services of private medical clinics.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                  | ANTIPOLO CITY HALL ANNEX I<br>RURAL HEALTH UNIT (RHU) II                                           |                                             |                    |                         |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------|-------------------------|
| <b>CLASSIFICATION:</b>                                                                                                        | Simple                                                                                             |                                             |                    |                         |
| <b>TYPES OF TRANSACTION:</b>                                                                                                  | G2C – Government to Citizen                                                                        |                                             |                    |                         |
| <b>WHO MAY AVAIL:</b>                                                                                                         | All                                                                                                |                                             |                    |                         |
| CHECKLIST OF REQUIREMENTS                                                                                                     |                                                                                                    | WHERE TO SECURE                             |                    |                         |
| Out-Patient Data Form – to be accomplished by the client                                                                      |                                                                                                    | RHU II Information Desk – City Hall Annex I |                    |                         |
| CLIENT STEPS                                                                                                                  | AGENCY ACTION                                                                                      | FEES<br>TO BE<br>PAID                       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1. Secure OPD Form and queue number from RHU II Information Desk.                                                             | 1. Issue OPD Form and queue number.                                                                | None                                        | 5 minutes          | RHU Personnel on duty   |
| 1.1 Accomplish and submit the OPD Form to register for consultation.                                                          | 1.1 Receive the OPD Form and register data in the Field Health Service Information System (FHSIS). | None                                        |                    |                         |
| 2. Once called, surrender the queue number to the RHU personnel on duty then proceed to the Medical Officer for consultation. | 2. Receive the queue number and refer the client to the Medical Officer on duty.                   | None                                        | 2 minutes          | RHU Personnel on duty   |
| 2.1 Submit to medical examination.                                                                                            | 2.1 Examine the client and provide diagnosis and treatment and/or diagnostic procedures.           | None                                        | 10 minutes         | Medical Officer on duty |
| 2.2 Secure a prescription, if any.                                                                                            | 2.2 Issue the prescription.                                                                        | None                                        | 3 minutes          | Medical Officer on duty |
|                                                                                                                               | <b>TOTAL:</b>                                                                                      | <b>None</b>                                 | <b>20 minutes</b>  |                         |

## 5. ISSUANCE OF COMMUNITY TAX CERTIFICATE (CTC) / CEDULA

Issuance of Community Tax Certificate (TCT) or cedula is also available at the Antipolo City Hall Annex I catering to individuals and corporations. CTC is being issued upon personal appearance of the individual, or of the authorized representative in the case of a corporation.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                             | ANTIPOLO CITY HALL ANNEX I<br>CITY TREASURER'S EXTENSION OFFICE                                 |                                                                       |                 |                          |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                   | Simple                                                                                          |                                                                       |                 |                          |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                         | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                       |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                    | All                                                                                             |                                                                       |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                |                                                                                                 | WHERE TO SECURE                                                       |                 |                          |
| <i>Individual, and Single Proprietorship</i><br><br>Personal Data Information (PDIS) – to be accomplished by the client. |                                                                                                 | Window (Cedula), City Treasurer's Extension Office, City Hall Annex I |                 |                          |
| CLIENT STEPS                                                                                                             | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                       | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements at the Window of the City Treasurer's Extension Office, City Hall Annex I.                    | 1. Receive the requirements. Fill out the CTC and compute the amount to be paid by the client.  | Refer to the Community Tax Base below                                 | 5 minutes       | Revenue Collection Clerk |
| 2. Pay the amount of the computed Community Tax indicated in the CTC.                                                    | 2. Accept the payment based on the computation                                                  |                                                                       |                 |                          |
| 3. Sign the CTC and affix right thumbmark on the 3 copies of the CTC.                                                    | 3. Ask the client to affix signature and right thumbmark on the 3 copies of the CTC.            |                                                                       |                 |                          |
| 4. Secure the original copy of the CTC.                                                                                  | 4. Issue the original copy of the CTC                                                           |                                                                       |                 |                          |
|                                                                                                                          | <b>TOTAL:</b>                                                                                   | Refer to the Community Tax Base below.                                | 5 minutes       | Revenue Collection Clerk |

### **COMMUNITY TAX BASE:**

Individual: (without compensation)

- Basic Community Tax – PHP 5.00 plus PHP 30.00
- Starting March to December payment with interest

Individual: (with compensation)

- Basic Community Tax – PHP 5.00 plus PHP 30.00
- Additional tax of One Peso (PHP 1.00) for every One Thousand Pesos (PHP 1,000.00) of
- income from business, exercise of profession, or property but which in no case shall
- exceed Five Thousand Pesos (PHP 5,000.00)
- Starting March to December payment with interest

For Senior Citizen and PWD

- P5.00 and ID for proof

## 6. REAL PROPERTY TAX PAYMENT

The services of the City Government are made more accessible and convenient to the public especially to taxpayers. Payment of Real Property Tax (RPT) in cash or check (personal or manager's check) is made available at the Antipolo City Hall Annex I catering to taxpayers coming from the nearby barangays.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                  | ANTIPOLO CITY HALL ANNEX I<br>CITY TREASURER'S EXTENSION OFFICE                                 |                                                                              |                  |                                 |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------|---------------------------------|
| <b>CLASSIFICATION:</b>                                                                                        | Simple                                                                                          |                                                                              |                  |                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                                  | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                              |                  |                                 |
| <b>WHO MAY AVAIL:</b>                                                                                         | Real property owners                                                                            |                                                                              |                  |                                 |
| CHECKLIST OF REQUIREMENTS                                                                                     |                                                                                                 | WHERE TO SECURE                                                              |                  |                                 |
| 1. Old Official Receipt of RPT payment<br>2. Statement of Assessment (SOA)<br>3. Copy of Tax Dec./ CCT/ TITLE |                                                                                                 | - Client<br>- Window of City Hall Annex I, City Treasurer's Extension Office |                  |                                 |
| CLIENT STEPS                                                                                                  | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                              | PROCESSING TIME  | PERSON RESPONSIBLE              |
| 1. Secure Statement of Assessment (SOA) at Window 1 (City Treasurer's Extension Office).                      | 1. Issue the Statement of Account (SOA).                                                        | Refer to Tax Base below.                                                     | 5 minutes        | Revenue Collection Clerk        |
| 2. Pay the RPT by showing the SOA to Teller 1 or Teller 2 inside the City Treasurer's Extension Office.       | 2. Accept the payment based on the SOA.                                                         |                                                                              |                  |                                 |
| 3. Secure Official Receipt and claim the SOA.                                                                 | 3. Issue the Official Receipt and return the SOA.                                               |                                                                              |                  |                                 |
|                                                                                                               | <b>TOTAL:</b>                                                                                   | <b>Refer to Tax Base below.</b>                                              | <b>5 minutes</b> | <b>Revenue Collection Clerk</b> |

### REAL PROPERTY TAX BASE

| CLASSIFICATION | BASIC | SEF |
|----------------|-------|-----|
| Residential    | 1.5%  | 1%  |
| Commercial     | 2%    | 1%  |
| Industrial     | 2%    | 1%  |
| Agricultural   | 1%    | 1%  |

Assessed Value x Tax Base = Total Tax Due

## 7. PROFESSIONAL TAX RECEIPT / OCCUPATIONAL PERMIT PAYMENT

The services of the City Government are made more accessible and convenient to the public especially to taxpayers. Issuance of Professional Tax Receipt (PTR) and Occupational Permit is made available at the Antipolo City Hall Annex I catering to taxpayers coming from the nearby barangays.

| <b>OFFICE/<br/>DIVISION:</b>                                                                | ANTIPOLO CITY HALL ANNEX I<br>CITY TREASURER'S EXTENSION OFFICE                                                  |                                                                                   |                  |                          |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                      | Simple                                                                                                           |                                                                                   |                  |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                | G2C – Government to Citizen                                                                                      |                                                                                   |                  |                          |
| <b>WHO MAY AVAIL:</b>                                                                       | Professional (Occupational) / PRC License Individuals                                                            |                                                                                   |                  |                          |
| CHECKLIST OF REQUIREMENTS                                                                   |                                                                                                                  | WHERE TO SECURE                                                                   |                  |                          |
| 1. Old Official Receipt of Professional Tax payment<br>2. Professional ID / PRC License     |                                                                                                                  | - Client<br>- City Hall Annex I – Window 1<br>(City Treasurer's Extension Office) |                  |                          |
| CLIENT STEPS                                                                                | AGENCY ACTION                                                                                                    | FEES TO BE PAID                                                                   | PROCESSING TIME  | PERSON RESPONSIBLE       |
| 1. The client sign in the logbook.                                                          | Provide the logbook.                                                                                             | Refer to Tax Base below.                                                          | 5 minutes        | Revenue Collection Clerk |
| 2. Present PRC license or valid ID of the profession (occupational) or last year's receipt. | Receive the requirements and make computation.<br><br>Accept the payment and the teller issue receipt to client. |                                                                                   |                  |                          |
|                                                                                             | <b>TOTAL:</b>                                                                                                    | <b>Refer to Tax Base below.</b>                                                   | <b>5 minutes</b> |                          |

PRC licensed holder

- January – PHP 300.00
- February to December PHP 300.00 plus 2 percent per month with surcharge of PHP 75.00

OCCUPATIONAL PERMIT

- PHP 250.00



## 8. BURIAL PERMIT PAYMENT

Issuance of Burial Permit is also available at the Antipolo City Hall Annex I catering individuals from nearby barangays of Antipolo City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                          | ANTIPOLO CITY HALL ANNEX I<br>CITY TREASURER'S EXTENSION OFFICE      |                                                                   |                    |                             |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|-----------------------------|
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                               |                                                                   |                    |                             |
| <b>TYPES OF TRANSACTION:</b>                                                                          | G2C – Government to Citizen;                                         |                                                                   |                    |                             |
| <b>WHO MAY AVAIL:</b>                                                                                 | All                                                                  |                                                                   |                    |                             |
| CHECKLIST OF REQUIREMENTS                                                                             |                                                                      | WHERE TO SECURE                                                   |                    |                             |
| <i>Copy of Death Certificate</i>                                                                      |                                                                      | Window of City Treasurer's Extension Office,<br>City Hall Annex I |                    |                             |
| CLIENT STEPS                                                                                          | AGENCY ACTION                                                        | FEES<br>TO BE<br>PAID                                             | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE       |
| 1. Submit the requirements at the Window of the City Treasurer's Extension Office, City Hall Annex I. | 1.Receive the requirements.                                          | Refer to<br>Tax Base<br>below.                                    | 5 minutes          | Revenue<br>Collection Clerk |
| 2. Pay the amount of the computed permit payment.                                                     | 2. Accept the payment based on the computation and issue the permit. |                                                                   |                    |                             |
| 3. Secure the paid receipt issued.                                                                    |                                                                      |                                                                   |                    |                             |
|                                                                                                       | <b>TOTAL:</b>                                                        | Refer to<br>Tax Base<br>below.                                    | 5 minutes          | Revenue<br>Collection Clerk |

### Interment Fee:

- P300.00 if the cadaver is from outside Antipolo City.
- P250.00 if died within Antipolo City
- P500.00 if for cremation of the cadaver from or outside Antipolo City.

## 9. LABORATORY PAYMENTS

Services of the City Government Health Center are made more accessible and convenient, where payment for clinical chemistry tests made available at the Antipolo City Hall Annex I.

|                                                                         |                                                                                                                     |                                                              |                            |                               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                            | ANTIPOLO CITY HALL ANNEX I<br>CITY TREASURER'S EXTENSION OFFICE                                                     |                                                              |                            |                               |
| <b>CLASSIFICATION:</b>                                                  | Simple                                                                                                              |                                                              |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                        | G2C – Government to Citizen                                                                                         |                                                              |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                   | Patients of the City Health Center with laboratory concern                                                          |                                                              |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                        |                                                                                                                     | <b>WHERE TO SECURE</b>                                       |                            |                               |
| Order of Payment from the health center office.                         |                                                                                                                     | Window of City Treasurer's Extension Office, City Hall Annex |                            |                               |
| <b>CLIENT STEPS</b>                                                     | <b>AGENCY ACTION</b>                                                                                                | <b>FEES TO<br/>BE PAID</b>                                   | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. The client present the order of payment from the City Health Center. | Verify the order of payment and make computation.                                                                   | P100.00 /<br>Clinical<br>Chemistry<br>Test                   | 5 minutes                  | Revenue<br>Collection Clerk   |
| 2. Pay the computed amount.                                             | Accept the payment; return the order of payment issued by the health center and the teller issue receipt to client. |                                                              |                            |                               |
|                                                                         | <b>TOTAL:</b>                                                                                                       | <b>Refer to<br/>Order of<br/>Payment</b>                     | <b>5 minutes</b>           |                               |

## 10. ISSUANCE OF ID CARD AND OR PURCHASE BOOKLET TO PERSONS WITH DISABILITY (PWD)

PWD ID Card is a requirement in availing of the benefits and privileges intended for persons with disabilities as provided in Republic Act No. 9442, "An Act Amending Republic Act No. 7277, Otherwise Known as the "Magna Carta for Disabled Persons, And for Other Purposes".

The issuance of identification (ID) card and or purchase booklet to persons with disabilities (PWD) is also available at city hall annex offices to bring the services closer to residents of nearby barangays. Releasing of PWD ID card and booklet at City Hall Annex I is between 7 to 14 days from receipt of request.

| <b>OFFICE/<br/>DIVISION:</b>                                                                      | ANTIPOLO CITY HALL ANNEX I<br>CSWD EXTENSION OFFICE                                             |                                  |                 |                     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|-----------------|---------------------|
| <b>CLASSIFICATION:</b>                                                                            | Complex                                                                                         |                                  |                 |                     |
| <b>TYPES OF TRANSACTION:</b>                                                                      | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                  |                 |                     |
| <b>WHO MAY AVAIL:</b>                                                                             | Persons with disability/ies                                                                     |                                  |                 |                     |
| CHECKLIST OF REQUIREMENTS                                                                         |                                                                                                 | WHERE TO SECURE                  |                 |                     |
| 1. Medical Certification / Medical Abstract – 1 photocopy                                         |                                                                                                 | - Hospital or clinic             |                 |                     |
| 2. Barangay Certificate of Residency – Original copy                                              |                                                                                                 | - Barangay Hall                  |                 |                     |
| 3. 2x2 ID picture – 1 piece                                                                       |                                                                                                 | - Client                         |                 |                     |
| 4. Signature or thumbmark on a piece of bond paper – Original                                     |                                                                                                 | - Client                         |                 |                     |
| 5. PWD Registration Form – to be accomplished by the client                                       |                                                                                                 | - CSWDO Desk – City Hall Annex I |                 |                     |
| CLIENT STEPS                                                                                      | AGENCY ACTION                                                                                   | FEES TO BE PAID                  | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the requirements to the CSWDO Desk at ground floor City Hall Annex I.                   | 1. Receive the requirements and check.                                                          | None                             | 5 minutes       | CSWDO staff on duty |
| 1.1 Provide contact number and secure claim stub for the releasing of PWD ID card and or booklet. | 1.1 Get the client's contact number and issue a claim stub.                                     | None                             | 5 minutes       | CSWDO staff on duty |
| 2. None                                                                                           | 2. Forward the requirements to CSWDO Main Office for processing.                                | None                             | 2-3 days        | CSWDO staff on duty |

|                                                                                                                 |                                                                                                              |             |                               |                     |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|---------------------|
| 2.1 Receive a call about the date and time of the release of the PWD ID card and or booklet.                    | 2.1 Call the client to inform him/her of the date and time of the release of the PWD ID card and or booklet. | None        | 2 minutes                     |                     |
| 3. On the specified date and time, return to the CSWDO front desk, City Hall Annex 1 and submit the claim stub. | 3. Receive the claim stub and request the client to sign in the Release Log Book.                            | None        | 3 minutes                     | CSWDO staff on duty |
| 3.1 Sign in the Release Log Book and claim the PWD ID card and or booklet.                                      | 3.1 Issue the PWD ID card and or booklet.                                                                    | None        |                               |                     |
|                                                                                                                 | <b>TOTAL:</b>                                                                                                | <b>None</b> | <b>3 days,<br/>15 minutes</b> |                     |

## 11. ISSUANCE OF SENIOR CITIZEN'S ID CARD AND OR PURCHASE BOOKLET

Senior Citizen (SC) ID card is a requirement in availing of the benefits and privileges intended for senior citizens as provided in Republic Act No. 9904 otherwise known as the "Expanded Senior Citizens Act of 2010." The issuance of identification (ID) card and purchase booklet to senior citizens is also available at city hall annex offices to bring the service closer to residents of nearby barangays. Releasing a Senior Citizen ID card at City Hall Annex I is between 7 to 14 days from receipt of request.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                    | ANTIPOLO CITY HALL ANNEX I<br>CSWD EXTENSION OFFICE                                             |                                                                                                                                                                                                   |                 |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                          | Complex                                                                                         |                                                                                                                                                                                                   |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                    | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                                                   |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                           | Senior citizens                                                                                 |                                                                                                                                                                                                   |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                       |                                                                                                 | WHERE TO SECURE                                                                                                                                                                                   |                 |                    |
| 1. Barangay Certification of Residency – Original copy<br><br>2. Certificate of Birth – 1 photocopy<br><br>3. Affidavit of Loss, in case of lost Senior Citizen ID card – Original copy<br><br>4. 2x2 ID picture – 1 piece<br><br>5. Application Form – to be accomplished by the client<br><br>For renewal of SC Booklet:<br>1. Old SC Booklet |                                                                                                 | - Barangay Hall<br><br>- Philippine Statistics Authority (PSA) Office/ City Civil Registrar's Office<br>- Notary Public<br><br>- Client<br><br>- OSCA Section – City Hall Annex I<br><br>- Client |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the requirements to the OSCA Section on the Ground Floor of City Hall Annex I.                                                                                                                                                                                                                                                        | 1. Receive the requirements.                                                                    | None                                                                                                                                                                                              | 3 minutes       | OSCA staff         |
| 1.1 Provide contact number and secure claim stub for the releasing of the Senior Citizen ID card.                                                                                                                                                                                                                                               | 1.1 Get the client's contact number and issue claim stub.                                       | None                                                                                                                                                                                              | 2 minutes       | OSCA staff         |
| 1.2 None                                                                                                                                                                                                                                                                                                                                        | 1.2 Encode the client's information in the database.                                            | None                                                                                                                                                                                              | 3 minutes       | OSCA Staff         |
| 2. None                                                                                                                                                                                                                                                                                                                                         | 2. Forward the requirements to CSWDO Main Office for processing.                                | None                                                                                                                                                                                              | 13 days         | OSCA Staff         |

|                                                                                                               |                                                                                                          |             |                                |            |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------|--------------------------------|------------|
| 2.1 Receive a call about the date and time of the release of the Senior Citizen ID card.                      | 2.1 Call the client to inform him/her of the date and time of the release of the Senior Citizen ID card. | None        | 2 minutes                      |            |
| 3. On the specified date and time, return to the OSCA Section of City Hall Annex I and submit the claim stub. | 3. Receive the claim stub and request the client to sign in the Release Log Book.                        | None        | 3 minutes                      | OSCA Staff |
| 3.1 Sign in the Release Log Book and receive the Senior Citizen ID card.                                      | 3.1 Issue the Senior Citizen ID card.                                                                    | None        |                                |            |
|                                                                                                               | <b>TOTAL:</b>                                                                                            | <b>None</b> | <b>13 days,<br/>13 minutes</b> |            |

## 12. ISSUANCE OF SOLO PARENT ID / CERTIFICATION

Solo Parent ID card is a requirement in availing of the benefits and privileges intended for solo parents as provided in Republic Act No. 8972 otherwise known as the "Solo Parents Welfare Act of 2000."

The issuance of identification (ID) cards to solo parents is also available at city hall annex offices to bring the service closer to residents of nearby barangays. Releasing a Solo Parent ID card at City Hall Annex I is between 7 to 14 days from receipt of request. In lieu of a Solo Parent ID card, a Certification may be issued within 2 days from receipt of request to clients with urgent needs.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ANTIPOLO CITY HALL ANNEX I<br>CSWD EXTENSION OFFICE                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                 |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Complex                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                 |                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                                                                                                                                                                                                                                      |                 |                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Solo parents                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |                 |                     |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                      |                 |                     |
| 1. Barangay Certification of Residency – Original copy<br>2. Voter's ID Card – 1 photocopy<br>or Voter's Certificate – Original copy<br><br>3. Birth Certificate of child/ren (17 years old and below) - Original copy and 1 photocopy<br><br>4. Certificate of Marriage (if married) – 1 certified true copy<br><br>5. CENOMAR (Certificate of No Marriage) – Original copy<br><br>6. 2x2 picture (white background) – 1 piece<br>7. Pay Slip – 1 photocopy<br><br>8. If widowed, Certificate of Death of spouse – 1 photocopy<br><br>9. Funeral Contract – 1 photocopy<br><br>10. If spouse is a PDL, Certification from BJMP and any proof that the spouse is in jail – Original copy<br><br>11. Solo Parent Profiler Form – to be accomplished by the client |                                                                                                 | - Barangay Hall<br><br>- COMELEC Office – Antipolo City<br><br>- Philippine Statistics Authority (PSA) Office<br><br>- PSA Office / City Civil Registrar's Office<br><br>- PSA Office<br><br>- Client<br>- Employer<br><br>- City Civil Registrar's Office<br><br>- Funeral Service Provider<br><br>- Bureau of Jail and Management Penology<br><br>- CSWDO Desk – City Hall Annex I |                 |                     |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                      | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the requirements to the CSWDO Desk at City Hall Annex I Help Desk, ground floor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. Receive and check the requirements.                                                          | None                                                                                                                                                                                                                                                                                                                                                                                 | 5 minutes       | CSWDO staff on duty |

|                                                                                                                |                                                                                                                      |             |                            |                     |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|---------------------|
| 1.1 Provide contact number and secure claim stub for the releasing of the Solo Parent ID card / Certification. | 1.1 Get the client's contact number and issue a claim stub.                                                          | None        | 2 minutes                  | CSWDO staff on duty |
| 2. None                                                                                                        | 2. Forward the requirements to CSWDO Main Office for processing.                                                     | None        | 13 days                    | CSWDO staff on duty |
| 2.1 Receive a call about the date and time of the release of the Solo Parent ID card / Certification.          | 2.1 Call the client to inform him/her of the date and time of the release of the Solo Parent ID card/ Certification. | None        | 2 minutes                  |                     |
| 3. On the specified date and time, return to the CSWDO Help Desk of City Hall Annex I.                         | 3. Receive the claim stub and request the client to sign in the Release Log Book.                                    | None        | 3 minutes                  | CSWDO staff on duty |
| 3.1 Sign in the Release Log Book and receive the Solo Parent ID card / Certification.                          | 3.1 Issue the Solo Parent ID card/ Certification.                                                                    | None        |                            |                     |
|                                                                                                                | <b>TOTAL:</b>                                                                                                        | <b>None</b> | <b>13 days, 13 minutes</b> |                     |



### 13. Implementation of the Expanded Centenarian Act of 2024 (RA 11982)

Aside from the Republic Act No. 9904 otherwise known as the “Expanded Senior Citizens Act of 2010”, Senior Citizen may now enjoy the privileges intended for the Centenarian, Octogenarian and Nonagenarian thru the Expanded Centenarian Act of 2024, assisted by City Hall Annex I.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ANTIPOLO CITY HALL ANNEX I<br>CSWD EXTENSION OFFICE                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Complex                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Senior citizens                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>NCSC APPLICATION REQUIREMENTS</p> <ol style="list-style-type: none"> <li>1. NCSC REGISTRATION REFERENCE NUMBER (RRN)</li> <li>2. Notarized Application Form with Recent 2X2 ID PICTURE</li> <li>3. Full BODY ID PICTURE IN A4 BOND PAPER-HOLDING A CALENDAR OF THE MONTH</li> </ol> <p>PRIMARY REQUIREMENTS</p> <ul style="list-style-type: none"> <li>• BIRTH CERTIFICATE PSA- ORIGINAL</li> <li>• PHILSYS ID OR NATIONAL ID – Photocopy Back-to-Back Colored</li> </ul> <p>SECONDARY REQUIREMENTS – ANY TWO 2</p> <ol style="list-style-type: none"> <li>1. Photocopy of Valid Philippine Passport provided that the original copy must be presented</li> <li>2. Original Certificate of Late Registration of Birth Duly Issued or Authenticated by the PSA</li> <li>3. Photocopy of Senior Citizen's Id Duly Issued by The Office for Senior Citizen Affairs (OSCA)</li> <li>4. Photocopy of Philippine-Government Issued ID CARDS</li> <li>5. Original Certificate of Live Birth of The Eldest Child</li> <li>6. Original Certificate of Marriage <ul style="list-style-type: none"> <li>- Original Joint Affidavit Executed by Two (2)</li> </ul> </li> </ol> <p>Disinterested Persons with Personal Knowledge of Applicant's</p> <ol style="list-style-type: none"> <li>7. Actual Age or Date of Birth</li> <li>8. Original School Records or Employment Records of The Applicant Reflecting the Date of Birth and Citizenship</li> <li>9. Original certificate of membership from retirement and pension insurance system, whether private or public, such as but no limited to SSS, GSIS, PVAO, AFPMBAL, PNPRBS, ETC.</li> </ol> |                                                                                                 | <ul style="list-style-type: none"> <li>- CSWD-Annex 1</li> <li>- CSWD-Annex 1 / Notary Public</li> <li>- Client</li> <li>- Philippine Statistics Authority (PSA) Office/ City Civil Registrar's Office</li> <li>- Client</li> <li>- Philippine Statistics Authority (PSA) Office/ City Civil Registrar's Office</li> <li>- Client</li> <li>- Philippine Statistics Authority (PSA) Office/ City Civil Registrar's Office</li> <li>- CSWD ANNEX 1 Staff / client</li> </ul> |

| 10. Original baptismal certificate or any church record of Baptist showing the date of birth of the applicant for Indigenous People (IPs) without PSA- issued birth certification or similar documents<br>11. Duly Issued by The National Commission on Indigenous People (NCIP)<br><br>NOTE: A4 SIZE BOND PAPER ONLY<br>PLEASE BRING SHORT BROWN ENVELOPE |                                                      | - Client<br><br>- Client |                             |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|-----------------------------|--------------------|
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                               | AGENCY ACTION                                        | FEES TO BE PAID          | PROCESSING TIME             | PERSON RESPONSIBLE |
| 1. Submit the requirements to the OSCA Section on the Ground Floor of City Hall Annex I.                                                                                                                                                                                                                                                                   | 1. Receive the requirements.                         | None                     | 1 day<br>3 minutes          | OSCA staff         |
| 1.1 Provide contact number for information regarding their corresponding application.                                                                                                                                                                                                                                                                      | 1.1 Get the client's contact number.                 | None                     | 2 minutes                   | OSCA staff         |
| 1.2 None                                                                                                                                                                                                                                                                                                                                                   | 1.2 Encode the client's information in the database. | None                     | 3 minutes                   | OSCA Staff         |
|                                                                                                                                                                                                                                                                                                                                                            | <b>TOTAL:</b>                                        | <b>None</b>              | <b>1 day,<br/>8 minutes</b> |                    |

#### 14. ISSUANCE OF BIRTHDAY CAKE VOUCHER FOR SENIOR CITIZEN

Senior Citizen (SC) birthday cake voucher is now available at City Hall Annex 1, as one of the privileges intended for senior citizens with a one-day process, as to celebrate their special day.

| <b>OFFICE/<br/>DIVISION:</b>                                          | ANTIPOLO CITY HALL ANNEX I<br>CSWD EXTENSION OFFICE                                             |                       |                    |                       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                | Complex                                                                                         |                       |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                          | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                 | Senior citizens                                                                                 |                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                             |                                                                                                 | WHERE TO SECURE       |                    |                       |
| 1. Photo copy of Senior Citizen ID                                    |                                                                                                 | - Client              |                    |                       |
| CLIENT STEPS                                                          | AGENCY ACTION                                                                                   | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Submit the photo copy of the CSWDO Help Desk at City Hall Annex I. | 1. Receive the requirement and check.                                                           | None                  | 3 minutes          | OSCA staff            |
| 2. Secure the cake voucher.                                           | 2. Print the cake voucher, record and release to the senior celebrator.                         | None                  | 2 minutes          | OSCA staff            |
| <b>TOTAL:</b>                                                         |                                                                                                 | <b>None</b>           | <b>5 minutes</b>   |                       |

## MAYOR'S HELP DESK

### 1. APPLICATION FOR AVAILMENT OF ASSISTANCE TO INDIVIDUAL IN CRISIS SITUATION (AICS)

The Assistance to Individual in Crisis Situation (AICS) is the provision of limited assistance to eligible clients (medical, guarantee letter and burial/cremation/old niche) to individuals / families who are hampered to function normally because of socio-economic difficulties. The nature of difficulty is usually short term and emergency in nature; thus, the assistance is on a one-shot-deal basis.

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | CITY HALL – ANNEX 1<br>(CSWD-Mayor's Help Desk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>CLASSIFICATION:</b>           | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>            | <p><i>Individuals whose family income is below food threshold and are:</i></p> <ol style="list-style-type: none"> <li>1. Families/individuals affected by natural and human-induced calamities/disasters and other unforeseen incidents;</li> <li>2. In crisis due to loss of income/without visible means of support brought by sudden lay-off, illness, death of breadwinner/head of the family, solo parents, living alone, abandoned indigent, and the like;</li> <li>3. Whose family member died and cannot afford burial and other incidental expenses;</li> <li>4. Persons with disability needing transportation/food assistance while undergoing physical restoration; PWD in crisis who are breadwinners/heads of the family, solo parent, living alone, abandoned indigent, unemployed or without visible means of support;</li> <li>5. Locally Stranded Individuals (LSIs) such as construction and domestic workers, students, etc. in a specific locality within the Philippines who have expressed intention to return to their place of origin / residence;</li> <li>6. Students-in-crisis who are breadwinners or working students or orphaned/abandoned and/or living with relatives, children of indigent solo parents or unemployed parents or indigent Overseas Filipinos (OFs) or PWD in crisis or children of rebel returnees, child victims of online sexual exploitation and other sexual abuse, or of persons deprived of liberty or rebel returnees, children with human immunodeficiency virus (HIV) or those living with parents with HIV, etc.;</li> <li>7. Victim-survivors of violence against women and children, persons living with HIV family, families of Killed in Action/Wounded in Action, uniformed personnel, repatriated or deported Overseas Filipinos (OFs), armed conflict, etc.</li> </ol> |

## 15. BURIAL ASSISTANCE / CREMATION / OLD NICHE:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                           |                   |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Registered Certificate of Death – Original and 1 photocopy</li> <li>4. Funeral Contract (except for Muslim and Indigenous People performing customary practices) – Original and 1 photocopy<br/>Certificate of Death, or Certification from the Tribal Chieftain (for IPs), Imam (for Moro), or Doctor or authorized Medical Practitioner in the absence of a Certificate of Death – Original and 1 photocopy</li> <li>5. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>6. Authorization letter for representative – Original and 1 photocopy</li> </ol> |                                                                                                            | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Local Civil Registrar's Office</li> <li>- Funeral Parlor</li> <li>- Tribal Chieftain / Imam / Medical Practitioner</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul> |                   |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                           | PROCESSING TIME   | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. Receive and validate the requirements.                                                                  | None                                                                                                                                                                                                                                                                                                                                                                      | 3 minutes         | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                                                                                                                      | 10 minutes        | Encoder                       |
| 3. Proceed to the assigned CSWDO Staff for interview and preparation of General Intake Sheet/Social Case Study Report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report.                     | None                                                                                                                                                                                                                                                                                                                                                                      | 20 minutes        | CSWDO Staff                   |
| 3.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.1 Process the General Intake Sheet/Social Case Study Report for approval.                                | None                                                                                                                                                                                                                                                                                                                                                                      | 5 minutes         |                               |
| 3.2 Receive information as to the schedule of pay-out.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3.2 Inform the client of the pay-out schedule.                                                             | None                                                                                                                                                                                                                                                                                                                                                                      | 2 minutes         |                               |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | <b>None</b>                                                                                                                                                                                                                                                                                                                                                               | <b>40 minutes</b> |                               |

# 16. MEDICAL ASSISTANCE IN THE FORM OF CASH:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                 |                 |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Residency and Indigency, or Certificate that the client is in need of assistance – Original copy</li> <li>3. Case Study Report that the client is in crisis situation issued by the DSWD/Local Social Welfare Officer, or Case Summary issued by the Medical Social Worker, for availment of services more than PHP5,000.00 – Original or Certified True Copy</li> <li>4. Medical Certificate, or Medical/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (issued within the last 3 months) – Original or Certified True Copy</li> <li>5. For payment of hospital bill, Hospital Bill / Statement of Account (Outstanding Balance with complete name and signature of the Billing Clerk – Original or Certified True Copy</li> <li>6. For medicines/assistive devices – Prescription with date of issuance, complete name, signature and license number of the attending physician – Original or Certified True Copy</li> </ol> |                                                                                              | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- DSWD, M/CSWDO</li> <li>- Hospital / medical center / clinic</li> <li>- Hospital / medical center / clinic</li> <li>- Hospital / medical center / clinic</li> <li>- Hospital / medical center / clinic</li> </ul> |                 |                               |
| <ol style="list-style-type: none"> <li>7. For laboratory procedures, Laboratory Request with date of issuance, complete name, signature and license number of the attending physician – Original or Certified True Copy</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | <ul style="list-style-type: none"> <li>- Hospital / medical center / clinic</li> </ul>                                                                                                                                                                                                                                          |                 |                               |
| <ol style="list-style-type: none"> <li>8. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>9. Authorization letter for representative – Original and 1 photocopy</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | <ul style="list-style-type: none"> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul>                                                                                                                                                           |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AGENCY ACTION                                                                                | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                 | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1. Receive and validate the requirements.                                                    | None                                                                                                                                                                                                                                                                                                                            | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Encode the information and capture face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                                                                            | 10 minutes      | Encoder                       |

|                                                                                                                       |                                                                                             |             |                   |             |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------|-------------------|-------------|
| 3. Proceed to the assigned CSWD Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report.      | None        | 20 minutes        | CSWDO Staff |
| 3.1 Receive information as to home visitation (if so required), and pay-out schedule.                                 | 3.1 Inform the client a) whether subject to home visitation, b) about the pay-out schedule. | None        | 2 minutes         |             |
|                                                                                                                       | <b>TOTAL:</b>                                                                               | <b>None</b> | <b>35 minutes</b> |             |

## 17. MEDICAL ASSISTANCE IN THE FORM OF GUARANTEE LETTER:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                               | WHERE TO SECURE                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Medical Certificate, or Medical/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (Issued within the last 3 months) – Original or Certified True Copy</li> </ol> | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Hospital / medical center / clinic</li> </ul> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>4. For payment of hospital bill, Hospital Bill / Statement of Account (Outstanding Balance with complete name and signature of the Billing Clerk – Original or Certified True Copy</li> <li>5. For laboratory procedures, Laboratory Request with date of issuance, complete name, signature and license number of the attending physician – Original or Certified True Copy</li> <li>6. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>7. Authorization letter for representative – Original and 1 photocopy</li> </ol> | <ul style="list-style-type: none"> <li>- Hospital / medical center / clinic</li> <li>- Hospital / medical center / clinic</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| CLIENT STEPS                                                                                                          | AGENCY ACTION                                                                                                                                                                       | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE            |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|-------------------------------|
| 1. Submit the requirements to the Mayor's Help Desk.                                                                  | 1. Receive and validate the requirements.                                                                                                                                           | None            | 3 minutes         | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                     | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature.                                                                          | None            | 10 minutes        | Encoder                       |
| 3. Proceed to the assigned CSWD Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | Interview the client, evaluate and prepare the General Intake Sheet/Social Case Study Report. Advise client to wait for the text message regarding release of the guarantee letter. | None            | 20 minutes        | CSWDO Staff                   |
| <b>TOTAL:</b>                                                                                                         |                                                                                                                                                                                     | <b>None</b>     | <b>33 minutes</b> |                               |



## 18. REGISTRATION OF BIRTH (TIMELY)

Timely registration of birth refers to registration of the birth within thirty (30) days of occurrence at the Local Civil Registry Office of the city/municipality where the birth occurred. Application for timely registration of birth may be accepted at City Hall Annex I to cater to nearby communities.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ANTIPOLO CITY HALL ANNEX I<br>CIVIL REGISTRY SECTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Complex                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                      |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G2C – Government to Citizen                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | All                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                      |
| 1. Duly accomplished Certificate of Live Birth (COLB/Form No. 102, revised 2016) – in quadruplicate copies<br><br>2. Certificate of Marriage of child's parent – 1 photocopy, or<br><br><i>Affidavit of Admission of Paternity – if the child is illegitimate and the father wishes to have his name indicated in the COLB, or</i><br><br><i>Affidavit to Use the Surname of the Father – if the child through his/her mother, chooses to use the surname of his/her father</i><br><br>3. Any government-issued ID card of parent/s (and representative, if applicable) – Present original and submit 1 photocopy<br><br>4. Authorization letter, if applicable<br><br>5. Municipal Form No. 102 – Attachment for Muslim Filipino, if applicable, or<br><br>Form No. 1 – for Indigenous People (IP), if applicable |                                                      | <ul style="list-style-type: none"> <li>- Civil Registry Section – City Hall Annex I</li> <li>- Philippine Statistics Authority (PSA), or City/Municipal Civil Registrar's Office</li> <li>- Notary Public / DFA Consular Office</li> <li>- Notary Public</li> <li>- BIR, Post Office, DFA, SSS, GSIS, Pag-IBIG, LTO, or PSA (Phil ID / PSN)</li> <li>- Parent/s of the child</li> <li>- City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth</li> <li>- City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth</li> </ul> |                 |                      |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AGENCY ACTION                                        | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Submit the requirements to the Civil Registry Section, 2 <sup>nd</sup> Floor, City Hall Annex I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Receive the requirements.                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 day           | Civil Registry Staff |

|                                                                                                                                 |                                                                                                      |             |               |                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------|---------------|----------------------|
| 1.1 Submit to interview.                                                                                                        | 1.1 Interview the client to check correctness of entries in the COLB Form.                           | None        |               |                      |
| 1.2 Provide contact number and secure claim stub for the releasing of the COLB.                                                 | 1.2 Get the client's contact number and issue claim stub.                                            | None        |               |                      |
| 2. None                                                                                                                         | 2 . Submit the COLB Form and other requirements to the City Civil Registrar's Office for processing. | None        | 1 day         | Civil Registry Staff |
| 2.1 Receive call about the date and time of the release of the COLB.                                                            | 2 .1 Call the client to inform him/her of the schedule of the release of the COLB.                   | None        | 1 day         | Civil Registry Staff |
| 3. On the specified date and time, return to the Civil Registry Section of City Hall Annex I and submit the claim stub, if any. | 3. Receive the claim stub and request the client to sign in the Release Log Book.                    | None        | 1 day         | Civil Registry Staff |
| 3.1 Sign in the Release Log Book and receive the COLB.                                                                          | 3.1 Issue the COLB.                                                                                  | None        |               |                      |
|                                                                                                                                 | <b>TOTAL:</b>                                                                                        | <b>None</b> | <b>3 days</b> |                      |

## 19. REGISTRATION OF BIRTH (DELAYED)

Delayed registration of birth refers to registration of the birth after thirty (30) days of occurrence. Application for the late registration of birth may be accepted at City Hall Annex I to cater to nearby communities. Certificate of Live Birth (COLB) shall be issued after the 10-day posting period has been compiled.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ANTIPOLO CITY HALL ANNEX I<br>CIVIL REGISTRY SECTION |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Complex                                              |                                                                                                                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen                          |                                                                                                                                                                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | All                                                  |                                                                                                                                                                        |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      | WHERE TO SECURE                                                                                                                                                        |
| 1. Duly accomplished Certificate of Live Birth (COLB/Form No. 102, revised 2016) – in quadruplicate copies                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | - City Civil Registrar's Office, hospital, maternity clinic, or attendant at birth                                                                                     |
| 2. PSA copy of Negative Record of Birth <i>for child one (1) year old and above</i> – 1 photocopy                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      | - Philippine Statistics Authority (PSA)                                                                                                                                |
| 3. Certificate of Marriage of child's parents <i>if parents are married at the time of birth</i> – 1 photocopy, or<br><br>Affidavit of Acknowledgment/Admission of Paternity, or Private Handwritten Instrument (PHI), if applicable, <i>if the child is illegitimate and the father wishes to have his name indicated in the COLB</i> – 1 photocopy, or<br><br>Affidavit to Use the Surname of the Father, <i>if the child through his/her mother, chooses to use the surname of his/her father</i> (and Sworn Attestation, if applicable – 1 photocopy each |                                                      | - PSA, or City/Municipal Civil Registrar's Office<br><br>- Notary Public / DFA Consular Office<br><br>- Notary Public                                                  |
| 4. Any two (2) of the following documentary evidences which show the name of the child, date and place of birth, and name of mother (and name of the father, if the child has been acknowledged) – 1 photocopy each<br><br>4.1 Medical Record<br>4.2 Immunization Record<br>4.3 Baptismal /Dedication Certificate<br>4.4 School Record / Transcript of Record<br>4.5 Income Tax Return of parents                                                                                                                                                             |                                                      | - Hospital / Clinic<br>- Hospital / Clinic / Barangay Health Center<br>- Church<br>- School last attended<br>- Bureau of Internal Revenue (BIR) / employer of parent/s |
| 5. Affidavit of Delayed Registration of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      | - Notary Public                                                                                                                                                        |
| 6. Affidavit of Two Disinterested Persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      | - Notary Public                                                                                                                                                        |

| 7. Any government-issued ID card of parent/s (and representative, if applicable) – Present original and submit 1 photocopy<br><br>8. Brgy. Certificate of Residency for Late Registration of Birth<br><br>9. 2x2 photo of child with white background<br><br>10. Authorization letter, if applicable<br><br>11. Municipal Form No. 102 – Attachment for Muslim Filipino, if applicable, or<br><br>Form No. 1 – for Indigenous People (IP), if applicable |                                                                                                     | - BIR, Post Office, DFA, SSS, GSIS, Pag-IBIG, LTO, or PSA (Phil ID / PSN)<br><br>- Brgy. Hall office<br><br>- Parent/s of the child<br><br>- Local Civil Registrar's Office, hospital/ clinic, or attendant at birth<br><br>- Local Civil Registrar's Office, hospital/ clinic, or attendant at birth |                            |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                             | AGENCY ACTION                                                                                       | FEES TO BE PAID                                                                                                                                                                                                                                                                                       | PROCESSING TIME            | PERSON RESPONSIBLE                   |
| 1. Submit the requirements to the Civil Registry Section, 2 <sup>nd</sup> Floor, City Hall Annex I.                                                                                                                                                                                                                                                                                                                                                      | 1. Receive the requirements.                                                                        | None                                                                                                                                                                                                                                                                                                  | 3 minutes                  | Civil Registry Staff                 |
| 1.1 Submit to interview.                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.1 Interview the client to check the correctness of entries in the COLB Form.                      | None                                                                                                                                                                                                                                                                                                  | 5 minutes                  | Civil Registry Staff                 |
| 2. Provide contact number and secure claim stub for the releasing of the COLB.                                                                                                                                                                                                                                                                                                                                                                           | 2. Get the client's contact number and issue a claim stub.                                          | None                                                                                                                                                                                                                                                                                                  | 1 minute                   | Civil Registry Staff                 |
| 3. None                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3. Submit the COLB Form and other requirements to the City Civil Registrar's Office for processing. | None                                                                                                                                                                                                                                                                                                  | 1 day                      | Civil Registry Staff                 |
| 3.1 Receive a call about the date and time of the release of the COLB.                                                                                                                                                                                                                                                                                                                                                                                   | 3.1 Call the client to inform him/her of the schedule of the release of the COLB.                   | None                                                                                                                                                                                                                                                                                                  | 11 days                    | City Civil Registrar's Office (CCRO) |
| 4. On the specified date and time, return to the Civil Registry Section of City Hall Annex I and submit the claim stub.                                                                                                                                                                                                                                                                                                                                  | 4. Receive the claim stub and request the client to sign in the Release Log Book.                   | None                                                                                                                                                                                                                                                                                                  | 3 minutes                  | Civil Registry Staff                 |
| 5. Sign in the Release Log Book and receive the COLB.                                                                                                                                                                                                                                                                                                                                                                                                    | 5. Issue the COLB.                                                                                  | None                                                                                                                                                                                                                                                                                                  |                            |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>TOTAL:</b>                                                                                       | <b>NONE</b>                                                                                                                                                                                                                                                                                           | <b>13 days, 12 minutes</b> |                                      |

## 20. REGISTRATION OF DEATH (TIMELY)

Timely registration of death refers to registration of the death within thirty (30) days of occurrence at the Local Civil Registry Office of the city/municipality where the death occurred. Application for timely registration of death may be accepted at City Hall Annex I to cater to nearby communities.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                    | ANTIPOLO CITY HALL ANNEX I<br>CIVIL REGISTRY SECTION                                              |                                              |                          |                      |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|----------------------|
| <b>CLASSIFICATION:</b>                                                                                                          | Complex                                                                                           |                                              |                          |                      |
| <b>TYPES OF TRANSACTION:</b>                                                                                                    | G2C – Government to Citizen                                                                       |                                              |                          |                      |
| <b>WHO MAY AVAIL:</b>                                                                                                           | All                                                                                               |                                              |                          |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                       |                                                                                                   | WHERE TO SECURE                              |                          |                      |
| 1. Four copies of Death Certificate and Transaction Permit.                                                                     |                                                                                                   | - Civil Registry Section – City Hall Annex I |                          |                      |
| CLIENT STEPS                                                                                                                    | AGENCY ACTION                                                                                     | FEES TO BE PAID                              | PROCESSING TIME          | PERSON RESPONSIBLE   |
| 1. Submit the requirements to the Civil Registry Section of City Hall Annex I.                                                  | 1. Receive the requirements.                                                                      | None                                         | 1 day                    | Civil Registry Staff |
| 1.1 Submit to interview.                                                                                                        | 1.1 Interview the client to check the correctness of the requirement.                             | None                                         | 5 minutes                |                      |
| 1.2 Provide contact number and secure claim stub for the releasing of Death Registration.                                       | 1.2 Get the client's contact number and issue a claim stub.                                       | None                                         |                          |                      |
| 2. Receive call about the date and time of the release of the Registration of Death.                                            | 2. Call the client to inform him/her of the schedule of the release of the Registration of Death. | None                                         | 1 day                    | Civil Registry Staff |
| 3. On the specified date and time, return to the Civil Registry Section of City Hall Annex I and submit the claim stub, if any. | 3. Receive the claim stub and request the client to sign in the Release Log Book.                 | None                                         | 1 day                    | Civil Registry Staff |
| 3.1 Sign in the Release Log Book and receive the Registration of Death.                                                         | 3.1 Issue the Registration of Death.                                                              | None                                         |                          |                      |
|                                                                                                                                 | <b>TOTAL:</b>                                                                                     | <b>None</b>                                  | <b>3 days/ 5 minutes</b> |                      |

## 21. REGISTRATION OF DEATH (DELAYED)

Delayed registration of death refers to registration of the death after thirty (30) days of occurrence. Application for the late registration of death may be accepted at City Hall Annex I to cater to nearby communities. Registration of Death shall be issued after requirements have been complied.

|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                           | ANTIPOLO CITY HALL ANNEX I<br>CIVIL REGISTRY SECTION                            |                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                 | Complex                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                           | G2C – Government to Citizen                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                  | All                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| 1. PSA negative intact (Death)<br>2. PSA CENODEATH<br>3. FUNERAL CONTRACT / SERVICE<br>4. AFFIDAVIT OF TWO WITNESS (W/XEROX ID)<br>5. NOTARY AT THE BACK OF DEATH<br>6. AFFIDAVIT FOR DELAYED<br>7. CERTIFICATE FROM FUNERAL (STATED THAT THEY SERVE THE DEAD PERSON IN A CERTAIN OCCASION)<br>8. CERTIFICATION FROM CHURCH, IF MASS HELD<br>9. CERTIFICATION FROM CEMETERY INFORMANT'S ID (PHOTOCOPY) |                                                                                 | <ul style="list-style-type: none"> <li>- Philippine Statistics Authority (PSA)</li> <li>- Philippine Statistics Authority (PSA)</li> <li>- Funeral Service Office</li> <li>- City/Municipal Civil Registrar's Office</li> <li>- Notary Public</li> <li>- City Civil Registrar's Office, hospital</li> <li>- Funeral Service Office</li> <br/> <li>- Church</li> <br/> <li>- Cemetery</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                    | <b>AGENCY ACTION</b>                                                            | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements to the Civil Registry Section, City Hall Annex I.                                                                                                                                                                                                                                                                                                                           | 1. Receive the requirements.                                                    | None                                                                                                                                                                                                                                                                                                                                                                                            | 1 day<br>3 minutes     | Civil Registry Staff      |
| 1.1 Submit to interview.                                                                                                                                                                                                                                                                                                                                                                               | 1.1 Interview the client to check correctness of entries in the Affidavit Form. | None                                                                                                                                                                                                                                                                                                                                                                                            | 5 minutes              | Civil Registry Staff      |
| 2. Provide contact number and secure claim stub for the releasing of the Registration of Death.                                                                                                                                                                                                                                                                                                        | 2. Get the client's contact number and issue claim stub.                        | None                                                                                                                                                                                                                                                                                                                                                                                            | 1 minute               | Civil Registry Staff      |
| 3. None                                                                                                                                                                                                                                                                                                                                                                                                | 3. Submit the Registration of Death Form and other requirements to the          | None                                                                                                                                                                                                                                                                                                                                                                                            | 1 day                  | Civil Registry Staff      |

|                                                                                                                         |                                                                                                                                                         |             |                               |                                      |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|--------------------------------------|
| 3.1 Receive call about the date and time of the release of the Death Registration.                                      | City Civil Registrar's Office for processing.<br><br>3.1 Call the client to inform him/her of the schedule of the release of the Registration of Death. | None        | 3 minutes                     | City Civil Registrar's Office (CCRO) |
| 4. On the specified date and time, return to the Civil Registry Section of City Hall Annex I and submit the claim stub. | 4. Receive the claim stub and request the client to sign in the Release Log Book.                                                                       | None        | 1 day                         | Civil Registry Staff                 |
| 5. Sign in the Release Log Book and receive the Registration of Death.                                                  | 5. Issue the Registration of Death.                                                                                                                     | None        |                               |                                      |
|                                                                                                                         | <b>TOTAL:</b>                                                                                                                                           | <b>NONE</b> | <b>3 days,<br/>12 minutes</b> |                                      |

## 22. PROVISION OF INFORMATION TO QUERIES

City Hall Annex I attend to queries of walk-in clients insofar as City Government services are concerned such as but not limited to job vacancies and other services.

|                                                          |                                                                     |                                |                            |                                |
|----------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|----------------------------|--------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                             | CITY HALL ANNEX I                                                   |                                |                            |                                |
| <b>CLASSIFICATION:</b>                                   | Simple                                                              |                                |                            |                                |
| <b>TYPES OF<br/>TRANSACTION:</b>                         | G2C – Government to Citizen                                         |                                |                            |                                |
| <b>WHO MAY AVAIL:</b>                                    | Residents of Antipolo City                                          |                                |                            |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                         |                                                                     | <b>WHERE TO SECURE</b>         |                            |                                |
| None                                                     |                                                                     | -                              |                            |                                |
| <b>CLIENT STEPS</b>                                      | <b>AGENCY ACTION</b>                                                | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>  |
| 1. Proceed to City Hall Annex I for inquiries.           | 1. Check inquiries of the client and endorse the Section concerned. | None                           | 2 minutes                  | Frontline Staff                |
| 1.1 Submit an interview and get the desired information. | 1.1 Interview the client and provide the desired information.       | None                           | 8 minutes                  | Administrative Staff concerned |
|                                                          | <b>TOTAL:</b>                                                       | <b>None</b>                    | <b>10 minutes</b>          |                                |





# **City Hall Annex II**

## **External Services**



## 1. FREE DENTAL CHECK-UP AND TOOTH EXTRACTION SERVICES

Apart from free medical consultation, immunization, and maternal care services, the Rizza Health Center at Antipolo City Hall Annex II also provides free dental services such as dental check-up and tooth extraction from Monday to Friday to residents of Antipolo City in lower areas of the city to ensure their proper and adequate oral hygiene.

| <b>OFFICE/<br/>DIVISION:</b>                                                            | ANTIPOLO CITY HALL ANNEX II<br>RIZZA HEALTH CENTER (RHC)                     |                                                   |                   |                    |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                  | Simple                                                                       |                                                   |                   |                    |
| <b>TYPES OF TRANSACTION:</b>                                                            | G2C – Government to Citizen                                                  |                                                   |                   |                    |
| <b>WHO MAY AVAIL:</b>                                                                   | All                                                                          |                                                   |                   |                    |
| CHECKLIST OF REQUIREMENTS                                                               |                                                                              | WHERE TO SECURE                                   |                   |                    |
| Individual Dental Record Form – to be accomplished by the client                        |                                                                              | Rizza Health Center – Antipolo City Hall Annex II |                   |                    |
| CLIENT STEPS                                                                            | AGENCY ACTION                                                                | FEES TO BE PAID                                   | PROCESSING TIME   | PERSON RESPONSIBLE |
| 1. Secure queue number from the RHC Information Desk.                                   | 1. Issue queue number.                                                       | None                                              | 1 minute          | BHW on duty        |
| 2. Proceed to the RHC Dental Section, and secure Individual Dental Record Form (IDRF).  | 2. Issue IDRF.                                                               | None                                              | 1 minute          | BHW on duty        |
| 2.1 Submit the accomplished IDRF for vital signs check.                                 | 2.1 Receive the IDRF and check the client's vital signs and chief complaint. | None                                              | 3 minutes         |                    |
| 2.2 Proceed to the waiting area for queuing.                                            | 2.2 Advise the client to queue at the waiting area.                          | None                                              |                   |                    |
| 3. Once called, proceed to the Dental Room for dental check-up and/or tooth extraction. | 3. Perform tooth examination, anesthetic application, and tooth extraction.  | None                                              | 20 minutes        | Dentist on duty    |
| 3.1 Receive dental care instruction.                                                    | 3.1 Give dental care instruction.                                            | None                                              |                   |                    |
| 3.2 Secure a prescription, if any.                                                      | 3.2 Issue the prescription.                                                  | None                                              |                   |                    |
| <b>TOTAL:</b>                                                                           |                                                                              | <b>None</b>                                       | <b>25 minutes</b> |                    |

## 2. FREE IMMUNIZATION SERVICES

The Rizza Health Center (RHC) at Antipolo City Hall Annex II provides free immunization services to infants aged 0-11 months. The immunization is administered every Wednesday from 8:00 AM to 4:00 PM.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                             | ANTIPOLO CITY HALL ANNEX II<br>RIZZA HEALTH CENTER (RHC)                                                                                                                                                                  |                                                                     |                    |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                   | Simple                                                                                                                                                                                                                    |                                                                     |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                         | G2C – Government to Citizen                                                                                                                                                                                               |                                                                     |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                    | Infants – 0 to 11-month-old                                                                                                                                                                                               |                                                                     |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                |                                                                                                                                                                                                                           | WHERE TO SECURE                                                     |                    |                       |
| <i>For existing client:</i><br>1. Child Immunization Card<br><br><i>For new client:</i><br>1. Child Registration Form – to be accomplished by the client |                                                                                                                                                                                                                           | - Mother<br><br>- OPSS on duty at RHC – Antipolo City Hall Annex II |                    |                       |
| CLIENT STEPS                                                                                                                                             | AGENCY ACTION                                                                                                                                                                                                             | FEES<br>TO BE<br>PAID                                               | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| <i>For existing client:</i><br>1. Submit the Child Immunization Card to the RHC Information Desk.                                                        | 1. Receive the Child Immunization Card and update child's information.                                                                                                                                                    | None                                                                | 3 minutes          | RHC personnel on duty |
| <i>For new client:</i><br>Submit the accomplished Child Registration Form.                                                                               | Receive the Child Registration Form, register the child's name in the Field Health Service Information System (FHSIS) / Record Book, and record all pertinent data and the child's weight in the Child Immunization Card. | None                                                                | 5 minutes          | RHC personnel on duty |
| 1.1 Secure queue number.                                                                                                                                 | 1.1 Issue queue number                                                                                                                                                                                                    | None                                                                |                    | RHC personnel on duty |
| 2. Once called, surrender the queue number, and submit the child to immunization.                                                                        | 2. Receive the queue number and administer immunization of the child.                                                                                                                                                     | None                                                                | 5 minutes          | RHC personnel on duty |
| 2.1 Receive post-immunization instructions and information of the next immunization schedule.                                                            | 2.1 Provide post-immunization instructions and advise mothers of the next immunization schedule.                                                                                                                          | None                                                                | 2 minutes          | RHC personnel on duty |
| 2.2 Claim the Child Immunization Card.                                                                                                                   | 2.2 Return the Child Immunization Card to the mother.                                                                                                                                                                     | None                                                                | -                  | RHC personnel on duty |
| <b>TOTAL:</b>                                                                                                                                            |                                                                                                                                                                                                                           | <b>None</b>                                                         | <b>15 minutes</b>  |                       |

### 3. FREE MATERNAL CARE SERVICES

To be able to achieve low, if not zero, maternal mortality and morbidity rates, pregnant women are advised to submit themselves to monthly pre-natal check-up and anti-tetanus vaccine. Maternal care services are available at the Rizza Health Center (RHC) at Antipolo City Hall Annex II every Thursday. RHC also provides family planning (FP) services to advocate proper birth spacing, birth control, and introduce natural family planning methods.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                             | ANTIPOLO CITY HALL ANNEX II<br>RIZZA HEALTH CENTER (RHC)                                                                                                                                                      |                                   |                               |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|-------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                   | Simple                                                                                                                                                                                                        |                                   |                               |                                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                             | G2C – Government to Citizen                                                                                                                                                                                   |                                   |                               |                                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                    | Pregnant women                                                                                                                                                                                                |                                   |                               |                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                |                                                                                                                                                                                                               | WHERE TO SECURE                   |                               |                                           |
| Home Based Maternity Record (HBMR) Card                                                                                                                                                  |                                                                                                                                                                                                               | RHC – Antipolo City Hall Annex II |                               |                                           |
| CLIENT STEPS                                                                                                                                                                             | AGENCY ACTION                                                                                                                                                                                                 | FEES<br>TO BE<br>PAID             | PROCESSING<br>TIME            | PERSON<br>RESPONSIBLE                     |
| <i>For existing client:</i><br>1. Submit the HBMR Card to RHC at City Hall Annex II.<br><br><i>For new client:</i><br>Register in the Registry Log Book.<br><br>1.1 Secure queue number. | 1. Receive the HBMR Card and update the client's information.<br><br>Request the client to sign in the Registry Log Book and record the client's information in the HBMR Card.<br><br>1.1 Issue queue number. | None<br><br>None<br><br>None      | 5 minutes<br><br><br><br><br> | RHC personnel on duty<br><br><br><br><br> |
| 2. Once called, submit to pre-natal examination, and other related examinations.                                                                                                         | 2. Conduct pre-natal and other related examinations.                                                                                                                                                          | None                              | 10 minutes                    | RHC personnel on duty                     |
| 2.1 Submit to Tetanus Toxoid vaccination.                                                                                                                                                | 2.1 Administer Tetanus Toxoid vaccination.                                                                                                                                                                    | None                              | 5 minutes                     | RHC personnel on duty                     |
| 3. Undergo counseling session, health education including lecture on breastfeeding, and Family Planning (FP) orientation.                                                                | 3. Conduct counseling session, health education including lecture on breastfeeding, and orientation on all kinds of family planning methods.                                                                  | None                              | 15 minutes                    | RHC personnel on duty                     |
| 3.1 Receive Information/ Education/ Communication (IEC) materials.                                                                                                                       | 3.1 Give available IEC materials.                                                                                                                                                                             | None                              |                               |                                           |
| <b>TOTAL:</b>                                                                                                                                                                            |                                                                                                                                                                                                               | <b>None</b>                       | <b>35 minutes</b>             |                                           |

## 4. FREE MEDICAL CONSULTATION SERVICES

The Rizza Health Center (RHC) at Antipolo City Hall Annex II provides free medical consultation services to residents of nearby barangays every Monday, Thursday and Friday from 9:00 AM to 2:00 PM. The assigned Medical Officer provides diagnosis and treatment of illness, prescription and appropriate medical services to out-patients especially those who cannot avail of the services of private medical clinics.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                  | ANTIPOLO CITY HALL ANNEX II<br>RIZZA HEALTH CENTER (RHC)                                           |                                           |                    |                         |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------|-------------------------|
| <b>CLASSIFICATION:</b>                                                                                                        | Simple                                                                                             |                                           |                    |                         |
| <b>TYPES OF TRANSACTION:</b>                                                                                                  | G2C – Government to Citizen                                                                        |                                           |                    |                         |
| <b>WHO MAY AVAIL:</b>                                                                                                         | All                                                                                                |                                           |                    |                         |
| CHECKLIST OF REQUIREMENTS                                                                                                     |                                                                                                    | WHERE TO SECURE                           |                    |                         |
| Out-Patient Data Form – to be accomplished by the client                                                                      |                                                                                                    | RHC Information Desk – City Hall Annex II |                    |                         |
| CLIENT STEPS                                                                                                                  | AGENCY ACTION                                                                                      | FEES<br>TO BE<br>PAID                     | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1. Secure OPD Form and queue number from RHC Information Desk.                                                                | 1. Issue OPD Form and queue number.                                                                | None                                      | 5 minutes          | RHC Personnel on duty   |
| 1.1 Accomplish and submit the OPD Form to register for consultation.                                                          | 1.1 Receive the OPD Form and register data in the Field Health Service Information System (FHSIS). | None                                      |                    |                         |
| 2. Once called, surrender the queue number to the RHC personnel on duty then proceed to the Medical Officer for consultation. | 2. Receive the queue number and refer the client to the Medical Officer on duty.                   | None                                      | 2 minutes          | RHC Personnel on duty   |
| 2.1 Submit to medical examination.                                                                                            | 2.1 Examine the client and provide diagnosis and treatment and/or diagnostic procedures.           | None                                      | 10 minutes         | Medical Officer on duty |
| 2.2 Secure a prescription, if any.                                                                                            | 2.2 Issue the prescription.                                                                        | None                                      | 3 minutes          | Medical Officer on duty |
|                                                                                                                               | <b>TOTAL:</b>                                                                                      | <b>None</b>                               | <b>20 minutes</b>  |                         |

## 5. ISSUANCE OF COMMUNITY TAX CERTIFICATE (CTC) / CEDULA

Issuance of Community Tax Certificate (TCT) or cedula is also available at the Antipolo City Hall Annex II catering to individuals and corporations. CTC is being issued upon personal appearance of the individual, or of the authorized representative in the case of a corporation.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                             | ANTIPOLO CITY HALL ANNEX II<br>CITY TREASURER'S EXTENSION OFFICE                                |                                                                        |                 |                          |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                   | Simple                                                                                          |                                                                        |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                             | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                        |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                    | All                                                                                             |                                                                        |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                |                                                                                                 | WHERE TO SECURE                                                        |                 |                          |
| <i>Individual, and Single Proprietorship</i><br><br>Personal Data Information (PDIS) – to be accomplished by the client. |                                                                                                 | Window (Cedula), City Treasurer's Extension Office, City Hall Annex II |                 |                          |
| CLIENT STEPS                                                                                                             | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                        | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements at the Window of the City Treasurer's Extension Office, City Hall Annex II.                   | 1. Receive the requirements. Fill out the CTC and compute the amount to be paid by the client.  | Refer to the Community Tax Base below                                  | 5 minutes       | Revenue Collection Clerk |
| 2. Pay the amount of the computed Community Tax indicated in the CTC.                                                    | 2. Accept the payment based on the computation.                                                 |                                                                        |                 |                          |
| 3. Sign the CTC and affix the right thumbmark on the 3 copies of the CTC.                                                | 3. Ask the client to affix a signature and right thumbmark on the 3 copies of the CTC.          |                                                                        |                 |                          |
| 4. Secure the original copy of the CTC.                                                                                  | 4. Issue the original copy of the CTC                                                           |                                                                        |                 |                          |
|                                                                                                                          | <b>TOTAL:</b>                                                                                   | Refer to the Community Tax Base below.                                 | 5 minutes       | Revenue Collection Clerk |

### **COMMUNITY TAX BASE:**

Individual: (without compensation)

- Basic Community Tax – PHP 5.00 plus PHP 30.00
- Starting March to December payment with interest

Individual: (with compensation)

- Basic Community Tax – PHP 5.00 plus PHP 30.00
- Additional tax of One Peso (PHP 1.00) for every One Thousand Pesos (PHP 1,000.00) of income from business, exercise of profession, or property but which in no case shall exceed Five Thousand Pesos (PHP 5,000.00)
- Starting March to December payment with interest

For Senior Citizen and PWD

- P5.00 and ID for proof

## 6. ISSUANCE OF ID CARD AND OR PURCHASE BOOKLET TO PERSONS WITH DISABILITY (PWD)

PWD ID Card is a requirement in availing of the benefits and privileges intended for persons with disabilities as provided in Republic Act No. 9442, "An Act Amending Republic Act No. 7277, Otherwise Known as the "Magna Carta for Disabled Persons, And for Other Purposes".

The issuance of identification (ID) card and or purchase booklet to persons with disabilities (PWD) is also available at city hall annex offices to bring the services closer to residents of nearby barangays. Releasing of PWD ID card and booklet at City Hall Annex II is between 7 to 14 days from receipt of request.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                     | ANTIPOLO CITY HALL ANNEX II<br>CSWD EXTENSION OFFICE                                                         |                                                                                                      |                 |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------|---------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                           | Complex                                                                                                      |                                                                                                      |                 |                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                     | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government              |                                                                                                      |                 |                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                            | Persons with disability/ies                                                                                  |                                                                                                      |                 |                     |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                        |                                                                                                              | WHERE TO SECURE                                                                                      |                 |                     |
| 1. Medical Certification / Medical Abstract – 1 photocopy<br>2. Barangay Certificate of Residency – Original copy<br>3. 2x2 ID picture – 1 piece<br>4. Signature or thumbmark on a piece of bond paper – Original<br>5. PWD Registration Form – to be accomplished by the client |                                                                                                              | - Hospital or clinic<br>- Barangay Hall<br>- Client<br>- Client<br>- CSWDO Desk – City Hall Annex II |                 |                     |
| CLIENT STEPS                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                                | FEES TO BE PAID                                                                                      | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the requirements to the CSWDO Desk at ground floor City Hall Annex II.                                                                                                                                                                                                 | 1. Receive the requirements and check.                                                                       | None                                                                                                 | 5 minutes       | CSWDO staff on duty |
| 1.1 Provide contact number and secure claim stub for the releasing of PWD ID card and or booklet.                                                                                                                                                                                | 1.1 Get the client's contact number and issue a claim stub.                                                  | None                                                                                                 | 5 minutes       | CSWDO staff on duty |
| 2. None                                                                                                                                                                                                                                                                          | 2. Forward the requirements to CSWDO Main Office for processing.                                             | None                                                                                                 | 2-3 days        | CSWDO staff on duty |
| 2.1 Receive a call about the date and time of the release of the PWD ID card and or booklet.                                                                                                                                                                                     | 2.1 Call the client to inform him/her of the date and time of the release of the PWD ID card and or booklet. | None                                                                                                 | 2 minutes       |                     |



|                                                                                                                  |                                                                                   |             |                               |                     |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------|-------------------------------|---------------------|
|                                                                                                                  |                                                                                   |             |                               |                     |
| 3. On the specified date and time, return to the CSWDO front desk, City Hall Annex II and submit the claim stub. | 3. Receive the claim stub and request the client to sign in the Release Log Book. | None        | 3 minutes                     | CSWDO staff on duty |
| 3.1 Sign in the Release Log Book and claim the PWD ID card and or booklet.                                       | 3.1 Issue the PWD ID card and or booklet.                                         | None        |                               |                     |
|                                                                                                                  | <b>TOTAL:</b>                                                                     | <b>None</b> | <b>3 days,<br/>15 minutes</b> |                     |

## 7. ISSUANCE OF SENIOR CITIZEN'S ID CARD AND OR PURCHASE BOOKLET

Senior Citizen (SC) ID card is a requirement in availing of the benefits and privileges intended for senior citizens as provided in Republic Act No. 9904 otherwise known as the "Expanded Senior Citizens Act of 2010." The issuance of identification (ID) card and purchase booklet to senior citizens is also available at city hall annex offices to bring the service closer to residents of nearby barangays. Releasing a Senior Citizen ID card at City Hall Annex I is between 7 to 14 days from receipt of request.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                        | ANTIPOLO CITY HALL ANNEX II<br>CSWD EXTENSION OFFICE                                                     |                                                                                                                                                                                                       |                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                              | Complex                                                                                                  |                                                                                                                                                                                                       |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                        | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government          |                                                                                                                                                                                                       |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                               | Senior citizens                                                                                          |                                                                                                                                                                                                       |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                           |                                                                                                          | WHERE TO SECURE                                                                                                                                                                                       |                 |                    |
| 1. Barangay Certification of Residency – Original copy<br><br>2. Certificate of Birth – 1 photocopy<br><br>3. Affidavit of Loss, in case of lost Senior Citizen ID card – Original copy<br><br>4. 2x2 ID picture – 1 piece<br><br>5. Application Form – to be accomplished by the client<br><br>For renewal of SC Booklet:<br><br>1. Old SC Booklet |                                                                                                          | - Barangay Hall<br><br>- Philippine Statistics Authority (PSA)<br>Office/ City Civil Registrar's Office<br>- Notary Public<br><br>- Client<br><br>- OSCA Section – City Hall Annex II<br><br>- Client |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                        | AGENCY ACTION                                                                                            | FEES TO BE PAID                                                                                                                                                                                       | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the requirements to the OSCA Section on the Ground Floor of City Hall Annex II.                                                                                                                                                                                                                                                           | 1. Receive the requirements.                                                                             | None                                                                                                                                                                                                  | 3 minutes       | OSCA staff         |
| 1.1 Provide contact number and secure claim stub for the releasing of the Senior Citizen ID card.                                                                                                                                                                                                                                                   | 1.1 Get the client's contact number and issue a claim stub.                                              | None                                                                                                                                                                                                  | 2 minutes       | OSCA staff         |
| 1.2 None                                                                                                                                                                                                                                                                                                                                            | 1.2 Encode the client's information in the database.                                                     | None                                                                                                                                                                                                  | 3 minutes       | OSCA Staff         |
| 2. None                                                                                                                                                                                                                                                                                                                                             | 2. Forward the requirements to CSWDO Main Office for processing.                                         | None                                                                                                                                                                                                  | 13 days         | OSCA Staff         |
| 2.1 Receive a call about the date and time of the release of the Senior Citizen ID card.                                                                                                                                                                                                                                                            | 2.1 Call the client to inform him/her of the date and time of the release of the Senior Citizen ID card. | None                                                                                                                                                                                                  | 2 minutes       |                    |

|                                                                                                                |                                                                                   |             |                                |            |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------|--------------------------------|------------|
| 3. On the specified date and time, return to the OSCA Section of City Hall Annex II and submit the claim stub. | 3. Receive the claim stub and request the client to sign in the Release Log Book. | None        | 3 minutes                      | OSCA Staff |
| 3.1 Sign in the Release Log Book and receive the Senior Citizen ID card.                                       | 3.1 Issue the Senior Citizen ID card.                                             | None        |                                |            |
|                                                                                                                | <b>TOTAL:</b>                                                                     | <b>None</b> | <b>13 days,<br/>13 minutes</b> |            |

## 8. ISSUANCE OF SOLO PARENT ID / CERTIFICATION

Solo Parent ID card is a requirement in availing of the benefits and privileges intended for solo parents as provided in Republic Act No. 8972 otherwise known as the “Solo Parents Welfare Act of 2000.”

The issuance of identification (ID) cards to solo parents is also available at city hall annex offices to bring the service closer to residents of nearby barangays. Releasing a Solo Parent ID card at City Hall Annex II is between 7 to 14 days from receipt of request. In lieu of a Solo Parent ID card, a Certification may be issued within 2 days from receipt of request to clients with urgent needs.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ANTIPOLO CITY HALL ANNEX II<br>CSWD EXTENSION OFFICE                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Complex                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Solo parents                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                     |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                     |
| <ol style="list-style-type: none"> <li>Barangay Certification of Residency – Original copy</li> <li>Voter's ID Card – 1 photocopy<br/>or Voter's Certificate – Original copy</li> <li>Birth Certificate of child/ren (17 years old and below) - Original copy and 1 photocopy</li> <li>Certificate of Marriage (if married) – 1 certified true copy</li> <li>CENOMAR (Certificate of No Marriage) – Original copy</li> <li>2x2 picture (white background) – 1 piece</li> <li>Pay Slip – 1 photocopy</li> <li>If widowed, Certificate of Death of spouse – 1 photocopy</li> <li>Funeral Contract – 1 photocopy</li> <li>If spouse is a PDL, Certification from BJMP and any proof that the spouse is in jail – Original copy</li> <li>Solo Parent Profiler Form – to be accomplished by the client</li> </ol> |                                                                                                 | <ul style="list-style-type: none"> <li>Barangay Hall</li> <li>COMELEC Office – Antipolo City</li> <li>Philippine Statistics Authority (PSA) Office</li> <li>PSA Office / City Civil Registrar's Office</li> <li>PSA Office</li> <li>Client</li> <li>Employer</li> <li>City Civil Registrar's Office</li> <li>Funeral Service Provider</li> <li>Bureau of Jail and Management Penology</li> <li>CSWDO Desk – City Hall Annex II</li> </ul> |                 |                     |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                           | PROCESSING TIME | PERSON RESPONSIBLE  |
| 1. Submit the requirements to the CSWDO Desk at City Hall Annex II Help Desk, ground floor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Receive and check the requirements.                                                          | None                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 minutes       | CSWDO staff on duty |
| 1.1 Provide contact number and secure claim stub for the releasing of the Solo Parent ID card / Certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1.1 Get the client's contact number and issue a claim stub.                                     | None                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 minutes       | CSWDO staff on duty |

|                                                                                                     |                                                                                                                      |             |                            |                     |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|---------------------|
| 2. None                                                                                             | 2. Forward the requirements to CSWDO<br><br>Main Office for processing.                                              | None        | 13 days                    | CSWDO staff on duty |
| 2.1 Receive call about the date and time of the release of the Solo Parent ID card / Certification. | 2.1 Call the client to inform him/her of the date and time of the release of the Solo Parent ID card/ Certification. | None        | 2 minutes                  |                     |
| 3. On the specified date and time, return to the CSWDO Help Desk of City Hall Annex II.             | 3. Receive the claim stub and request the client to sign in the Release Log Book.                                    | None        | 3 minutes                  | CSWDO staff on duty |
| 3.1 Sign in the Release Log Book and receive the Solo Parent ID card / Certification.               | 3.1 Issue the Solo Parent ID card/ Certification.                                                                    | None        |                            |                     |
|                                                                                                     | <b>TOTAL:</b>                                                                                                        | <b>None</b> | <b>13 days, 13 minutes</b> |                     |

## 9. Implementation of the Expanded Centenarian Act of 2024 (RA11982)

Aside from the Republic Act No. 9904 otherwise known as the “Expanded Senior Citizens Act of 2010”, Senior Citizen may now enjoy the privileges intended for the Centenarian, Octogenarian and Nonagenarian thru the Expanded Centenarian Act of 2024, assisted by City Hall Annex II.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ANTIPOLO CITY HALL ANNEX II<br>CSWD EXTENSION OFFICE                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Complex                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Senior citizens                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    |
| <p>NCSC APPLICATION REQUIREMENTS</p> <ol style="list-style-type: none"> <li>1. NCSC REGISTRATION REFERENCE NUMBER (RRN)</li> <li>2. Notarized Application Form with Recent 2X2 ID PICTURE</li> <li>3. Full BODY ID PICTURE IN A4 BOND PAPER-HOLDING A CALENDAR OF THE MONTH</li> </ol> <p>PRIMARY REQUIREMENTS</p> <ul style="list-style-type: none"> <li>• BIRTH CERTIFICATE PSA- ORIGINAL</li> <li>• PHILSYS ID OR NATIONAL ID – Photocopy Back-to-Back Colored</li> </ul> <p>SECONDARY REQUIREMENTS – ANY TWO 2</p> <ol style="list-style-type: none"> <li>1. Photocopy of Valid Philippine Passport provided that the original copy must be presented</li> <li>2. Original Certificate of Late Registration of Birth Duly Issued or Authenticated by the PSA</li> <li>3. Photocopy of Senior Citizen's Id Duly Issued by The Office for Senior Citizen Affairs (OSCA)</li> <li>4. Photocopy of Philippine-Government Issued ID CARDS</li> <li>5. Original Certificate of Live Birth of The Eldest Child</li> <li>6. Original Certificate of Marriage</li> <li>- Original Joint Affidavit Executed by Two (2) Disinterested Persons with Personal Knowledge of Applicant's</li> <li>7. Actual Age or Date of Birth</li> <li>8. Original School Records or Employment Records of The Applicant Reflecting the Date of Birth and Citizenship</li> <li>9. Original certificate of membership from retirement and pension insurance system, whether private or public, such as but no limited to SSS, GSIS, PVAO, AFPMBAI, PNPRBS, ETC.</li> <li>10. Original baptismal certificate or any church record of Baptist showing the date of birth of the applicant for Indigenous People (IPs) without PSA- issued birth certification or similar documents</li> <li>11. Duly Issued by The National Commission on Indigenous People (NCIP)</li> </ol> <p>NOTE: A4 SIZE BOND PAPER ONLY<br/>PLEASE BRING SHORT BROWN ENVELOPE</p> |                                                                                                 | <ul style="list-style-type: none"> <li>- CSWD-Annex II</li> <li>- CSWD-Annex II / Notary Public</li> <li>- Client</li> <li>- Philippine Statistics Authority (PSA) Office/ City Civil Registrar's Office</li> <li>- Client</li> <li>- Philippine Statistics Authority (PSA) Office/ City Civil Registrar's Office</li> <li>- Client</li> <li>- Philippine Statistics Authority (PSA) Office/ City Civil Registrar's Office</li> <li>- CSWD ANNEX II Staff / client</li> <li>- Client</li> <li>- Client</li> </ul> |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the requirements to the OSCA Section on the Ground Floor of City Hall Annex II.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 . Receive the requirements.                                                                   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 day 3 minutes | OSCA staff         |

|                                                                                       |                                                      |             |                             |            |
|---------------------------------------------------------------------------------------|------------------------------------------------------|-------------|-----------------------------|------------|
| 1.1 Provide contact number for information regarding their corresponding application. | 1.1 Get the client's contact number.                 | None        | 2 minutes                   | OSCA staff |
| 1.2 None                                                                              | 1.2 Encode the client's information in the database. | None        | 3 minutes                   | OSCA Staff |
|                                                                                       | <b>TOTAL:</b>                                        | <b>None</b> | <b>1 day,<br/>8 minutes</b> |            |

## 10. ISSUANCE OF BIRTHDAY CAKE VOUCHER FOR SENIOR CITIZEN

Senior Citizen (SC) birthday cake voucher is now available at City Hall Annex II, as one of the privileges intended for senior citizens with a one-day process, as to celebrate their special day.

| <b>OFFICE/<br/>DIVISION:</b>                                           | ANTIPOLO CITY HALL ANNEX II<br>CSWD EXTENSION OFFICE                                            |                    |                    |                       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                 | Complex                                                                                         |                    |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                           | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                    |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                  | Senior citizens                                                                                 |                    |                    |                       |
| CHECKLIST OF REQUIREMENTS                                              |                                                                                                 | WHERE TO SECURE    |                    |                       |
| 1. Photo copy of Senior Citizen ID                                     |                                                                                                 | - Client           |                    |                       |
| CLIENT STEPS                                                           | AGENCY ACTION                                                                                   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Submit the photo copy of the CSWDO Help Desk at City Hall Annex II. | 1. Receive the requirement and check.                                                           | None               | 3 minutes          | OSCA staff            |
| 2. Secure the cake voucher.                                            | 2. Print the cake voucher, record and release to the senior celebrator.                         | None               | 2 minutes          | OSCA staff            |
|                                                                        | <b>TOTAL:</b>                                                                                   | <b>None</b>        | <b>5 minutes</b>   |                       |



## MAYOR'S HELP DESK

### APPLICATION FOR AVAILMENT OF ASSISTANCE TO INDIVIDUAL IN CRISIS SITUATION (AICS)

The Assistance to Individual in Crisis Situation (AICS) is the provision of limited assistance to eligible clients (medical, guarantee letter and burial/cremation/old niche) to individuals / families who are hampered to function normally because of socio-economic difficulties. The nature of difficulty is usually short term and emergency in nature; thus, the assistance is on a one-shot-deal basis.

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | CITY HALL – ANNEX II<br>(CSWD-Mayor's Help Desk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>CLASSIFICATION:</b>           | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>            | <p><i>Individuals whose family income is below food threshold and are:</i></p> <ol style="list-style-type: none"> <li>1. Families/individuals affected by natural and human-induced calamities/disasters and other unforeseen incidents;</li> <li>2. In crisis due to loss of income/without visible means of support brought by sudden lay-off, illness, death of breadwinner/head of the family, solo parents, living alone, abandoned indigent, and the like;</li> <li>3. Whose family member died and cannot afford burial and other incidental expenses;</li> <li>4. Persons with disability needing transportation/food assistance while undergoing physical restoration; PWD in crisis who are breadwinners/heads of the family, solo parent, living alone, abandoned indigent, unemployed or without visible means of support;</li> <li>5. Locally Stranded Individuals (LSIs) such as construction and domestic workers, students, etc. in a specific locality within the Philippines who have expressed intention to return to their place of origin / residence;</li> <li>6. Students-in-crisis who are breadwinners or working students or orphaned/abandoned and/or living with relatives, children of indigent solo parents or unemployed parents or indigent Overseas Filipinos (OFs) or PWD in crisis or children of rebel returnees, child victims of online sexual exploitation and other sexual abuse, or of persons deprived of liberty or rebel returnees, children with human immunodeficiency virus (HIV) or those living with parents with HIV, etc.;</li> <li>7. Victim-survivors of violence against women and children, persons living with HIV family, families of Killed in Action/Wounded in Action, uniformed personnel, repatriated or deported Overseas Filipinos (OFs), armed conflict, etc.</li> </ol> |

## 11. BURIAL ASSISTANCE / CREMATION / OLD NICHE:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                           |                 |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| 1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy<br>2. Barangay Certificate of Indigency – Original copy<br>3. Registered Certificate of Death – Original and 1 photocopy<br>4. Funeral Contract (except for Muslim and Indigenous People performing customary practices) – Original and 1 photocopy<br>Certificate of Death, or Certification from the Tribal Chieftain (for IPs), Imam (for Moro), or Doctor or authorized Medical Practitioner in the absence of a Certificate of Death – Original and 1 photocopy<br>5. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each<br>6. Authorization letter for representative – Original and 1 photocopy |                                                                                                            | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Local Civil Registrar's Office</li> <li>- Funeral Parlor</li> <li>- Tribal Chieftain / Imam / Medical Practitioner</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul> |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                           | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. Receive and validate the requirements.                                                                  | None                                                                                                                                                                                                                                                                                                                                                                      | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                                                                                                                      | 10 minutes      | Encoder                       |
| 3. Proceed to the assigned CSWDO Staff for interview and preparation of General Intake Sheet/Social Case Study Report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report.                     | None                                                                                                                                                                                                                                                                                                                                                                      | 20 minutes      | CSWDO Staff                   |
| 3.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3.1 Process the General Intake Sheet/Social Case Study Report for approval.                                | None                                                                                                                                                                                                                                                                                                                                                                      | 5 minutes       |                               |
| 3.2 Receive information as to the schedule of pay-out.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3.2 Inform the client of the pay-out schedule.                                                             | None                                                                                                                                                                                                                                                                                                                                                                      | 2 minutes       |                               |
| TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            | None                                                                                                                                                                                                                                                                                                                                                                      | 40 minutes      |                               |

## 12. MEDICAL ASSISTANCE IN THE FORM OF CASH:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | WHERE TO SECURE                                                                                                                                                                                                                                                                                                   |                 |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| <ol style="list-style-type: none"> <li>Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>Barangay Certificate of Residency and Indigency, or Certificate that the client is in need of assistance – Original copy</li> <li>Case Study Report that the client is in crisis situation issued by the DSWD/Local Social Welfare Officer, or Case Summary issued by the Medical Social Worker, for availment of services more than PHP5,000.00 – Original or Certified True Copy</li> <li>Medical Certificate, or Medical/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (issued within the last 3 months) – Original or Certified True Copy</li> <li>For payment of hospital bill, Hospital Bill / Statement of Account (Outstanding Balance with complete name and signature of the Billing Clerk – Original or Certified True Copy</li> <li>For medicines/assistive devices – Prescription with date of issuance, complete name, signature and license number of the attending physician – Original or Certified True Copy</li> </ol> |                                                                                              | <ul style="list-style-type: none"> <li>Client / Office of the City Mayor</li> <li>Barangay Hall</li> <li>DSWD, M/CSWDO</li> <li>Hospital / medical center / clinic</li> <li>Hospital / medical center / clinic</li> <li>Hospital / medical center / clinic</li> <li>Hospital / medical center / clinic</li> </ul> |                 |                               |
| <ol style="list-style-type: none"> <li>For laboratory procedures, Laboratory Request with date of issuance, complete name,</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | <ul style="list-style-type: none"> <li>Hospital / medical center / clinic</li> </ul>                                                                                                                                                                                                                              |                 |                               |
| <ol style="list-style-type: none"> <li>signature and license number of the attending physician – Original or Certified True Copy</li> <li>Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>Authorization letter for representative – Original and 1 photocopy</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              | <ul style="list-style-type: none"> <li>BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>Client</li> </ul>                                                                                                                                                 |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                | FEES TO BE PAID                                                                                                                                                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Receive and validate the requirements.                                                    | None                                                                                                                                                                                                                                                                                                              | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Encode the information and capture face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                                                              | 10 minutes      | Encoder                       |

|                                                                                                                       |                                                                                             |             |                   |             |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------|-------------------|-------------|
| 3. Proceed to the assigned CSWD Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report.      | None        | 20 minutes        | CSWDO Staff |
| 3.1 Receive information as to home visitation (if so required), and pay-out schedule.                                 | 3.1 Inform the client a) whether subject to home visitation, b) about the pay-out schedule. | None        | 2 minutes         |             |
|                                                                                                                       | <b>TOTAL:</b>                                                                               | <b>None</b> | <b>35 minutes</b> |             |

### 13. MEDICAL ASSISTANCE IN THE FORM OF GUARANTEE LETTER:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        | WHERE TO SECURE                                                                                                                                                                                                                                                  |                   |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Medical Certificate, or Medical/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (Issued within the last 3 months) – Original or Certified True Copy</li> </ol>                                                                                                                                                                                  |                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Hospital / medical center / clinic</li> </ul>                                                                                                     |                   |                               |
| <ol style="list-style-type: none"> <li>4. For payment of hospital bill, Hospital Bill / Statement of Account (Outstanding Balance with complete name and signature of the Billing Clerk – Original or Certified True Copy</li> <li>5. For laboratory procedures, Laboratory Request with date of issuance, complete name, signature and license number of the attending physician – Original or Certified True Copy</li> <li>6. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>7. Authorization letter for representative – Original and 1 photocopy</li> </ol> |                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>- Hospital / medical center / clinic</li> <li>- Hospital / medical center / clinic</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul> |                   |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AGENCY ACTION                                                                                                                                                                          | FEES TO BE PAID                                                                                                                                                                                                                                                  | PROCESSING TIME   | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Receive and validate the requirements.                                                                                                                                              | None                                                                                                                                                                                                                                                             | 3 minutes         | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature.                                                                             | None                                                                                                                                                                                                                                                             | 10 minutes        | Encoder                       |
| 3. Proceed to the assigned CSWD Staff for interview and preparation of General Intake Sheet/Social Case Study Report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3. Interview the client, evaluate and prepare the General Intake Sheet/Social Case Study Report. Advise client to wait for the text message regarding release of the guarantee letter. | None                                                                                                                                                                                                                                                             | 20 minutes        | CSWDO Staff                   |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                        | <b>None</b>                                                                                                                                                                                                                                                      | <b>33 minutes</b> |                               |

## 14. REGISTRATION OF BIRTH (TIMELY)

Timely registration of birth refers to registration of the birth within thirty (30) days of occurrence at the Local Civil Registry Office of the city/municipality where the birth occurred. Application for timely registration of birth may be accepted at City Hall Annex II to cater to nearby communities.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ANTIPOLO CITY HALL ANNEX II<br>CIVIL REGISTRY SECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complex                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                      |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G2C – Government to Citizen                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | All                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                      |
| 1. Duly accomplished Certificate of Live Birth (COLB/Form No. 102, revised 2016) – in quadruplicate copies<br><br>2. Certificate of Marriage of child's parent – 1 photocopy, or<br><br><i>Affidavit of Admission of Paternity – if the child is illegitimate and the father wishes to have his name indicated in the COLB, or</i><br><br><i>Affidavit to Use the Surname of the Father –if the child through his/her mother, chooses to use the surname of his/her father</i><br><br>3. Any government-issued ID card of parent/s (and representative, if applicable) – Present original and submit 1 photocopy<br><br>4. Authorization letter, if applicable<br><br>5. Municipal Form No. 102 – Attachment for Muslim Filipino, if applicable, or<br><br>Form No. 1 – for Indigenous People (IP), if applicable |                                                                                | - Civil Registry Section – City Hall Annex II<br><br>- Philippine Statistics Authority (PSA), or City/Municipal Civil Registrar's Office<br><br>- Notary Public / DFA Consular Office<br><br>- Notary Public<br><br>- BIR, Post Office, DFA, SSS, GSIS, Pag-IBIG, LTO, or PSA (Phil ID / PSN)<br><br>- Parent/s of the child<br><br>- City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth<br><br>- City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth |                 |                      |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AGENCY ACTION                                                                  | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Submit the requirements to the Civil Registry, City Hall Annex II.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Receive the requirements.                                                   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 day           | Civil Registry Staff |
| 1.1 Submit to interview.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.1 Interview the client to check the correctness of entries in the COLB Form. | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                      |
| 1.2 Provide contact number and secure claim stub for the releasing of the COLB.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.2 Get the client's contact number and issue claim stub.                      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                      |

|                                                                                                                                  |                                                                                                     |             |               |                      |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------|---------------|----------------------|
| 2. None                                                                                                                          | 2. Submit the COLB Form and other requirements to the City Civil Registrar's Office for processing. | None        | 1 day         | Civil Registry Staff |
| 2.1 Receive call about the date and time of the release of the COLB.                                                             | 2.1 Call the client to inform him/her of the schedule of the release of the COLB.                   | None        | 1 day         | Civil Registry Staff |
| 3. On the specified date and time, return to the Civil Registry Section of City Hall Annex II and submit the claim stub, if any. | 3. Receive the claim stub and request the client to sign in the Release Log Book.                   | None        | 1 day         | Civil Registry Staff |
| 3.1 Sign in the Release Log Book and receive the COLB.                                                                           | 3.1 Issue the COLB.                                                                                 | None        |               |                      |
|                                                                                                                                  | <b>TOTAL:</b>                                                                                       | <b>None</b> | <b>3 days</b> |                      |

## 15. REGISTRATION OF BIRTH (DELAYED)

Delayed registration of birth refers to registration of the birth after thirty (30) days of occurrence. Application for the late registration of birth may be accepted at City Hall Annex II to cater to nearby communities. Certificate of Live Birth (COLB) shall be issued after the 10-day posting period has been compiled.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ANTIPOLO CITY HALL ANNEX II<br>CIVIL REGISTRY SECTION                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Complex                                                                                                                                                                                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen                                                                                                                                                                   |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | All                                                                                                                                                                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WHERE TO SECURE                                                                                                                                                                               |
| 1. Duly accomplished Certificate of Live Birth (COLB/Form No. 102, revised 2016) – in quadruplicate copies                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - City Civil Registrar's Office, hospital, maternity clinic, or attendant at birth                                                                                                            |
| 2. PSA copy of Negative Record of Birth <i>for child one (1) year old and above</i> – 1 photocopy                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - Philippine Statistics Authority (PSA)                                                                                                                                                       |
| 3. Certificate of Marriage of child's parents <i>if parents are married at the time of birth</i> – 1 photocopy, or<br><br>Affidavit of Acknowledgment/Admission of Paternity, or Private Handwritten Instrument (PHI), if applicable, <i>if the child is illegitimate and the father wishes to have his name indicated in the COLB</i> – 1 photocopy, or<br><br>Affidavit to Use the Surname of the Father, <i>if the child through his/her mother, chooses to use the surname of his/her father</i> (and Sworn Attestation, if applicable – 1 photocopy each | - PSA, or City/Municipal Civil Registrar's Office<br><br>- Notary Public / DFA Consular Office<br><br>- Notary Public                                                                         |
| 4. Any two (2) of the following documentary evidences which show the name of the child, date and place of birth, and name of mother (and name of the father, if the child has been acknowledged) – 1 photocopy each<br><br>4.1 Medical Record<br>4.2 Immunization Record<br>4.3 Baptismal /Dedication Certificate<br>4.4 School Record / Transcript of Record<br>4.5 Income Tax Return of parents                                                                                                                                                             | - Hospital / Clinic<br>- Hospital / Clinic / Barangay Health Center<br>- Church<br>- School last attended<br>- Bureau of Internal Revenue (BIR) / employer of parent/s<br><br>- Notary Public |
| 5. Affidavit of Delayed Registration of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - Notary Public                                                                                                                                                                               |
| 6. Affidavit of Two Disinterested Persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - Notary Public                                                                                                                                                                               |
| 7. Any government-issued ID card of parent/s (and representative, if applicable) – Present original and submit 1 photocopy                                                                                                                                                                                                                                                                                                                                                                                                                                    | - BIR, Post Office, DFA, SSS, GSIS, Pag-IBIG, LTO, or PSA (Phil ID / PSN)                                                                                                                     |
| 8. Brgy. Certificate of Residency for Late Registration of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - Brgy. Hall office                                                                                                                                                                           |
| 9. 2x2 photo of child with white background                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - Parent/s of the child                                                                                                                                                                       |



| 10. Authorization letter, if applicable<br><br>11. Municipal Form No. 102 – Attachment for Muslim Filipino, if applicable, or<br><br>Form No. 1 – for Indigenous People (IP), if applicable |                                                                                                  | - Local Civil Registrar's Office, hospital/ clinic, or attendant at birth<br><br>- Local Civil Registrar's Office, hospital/ clinic, or attendant at birth |                            |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|
| CLIENT STEPS                                                                                                                                                                                | AGENCY ACTION                                                                                    | FEES TO BE PAID                                                                                                                                            | PROCESSING TIME            | PERSON RESPONSIBLE                   |
| Submit the requirements to the Civil Registry, City Hall Annex II.                                                                                                                          | Receive the requirements.                                                                        | None                                                                                                                                                       | 3 minutes                  | Civil Registry Staff                 |
| 1 Submit to interview.                                                                                                                                                                      | Interview the client to check the correctness of entries in the COLB Form.                       | None                                                                                                                                                       | 5 minutes                  | Civil Registry Staff                 |
| Provide contact number and secure claim stub for the releasing of the COLB.                                                                                                                 | Get the client's contact number and issue a claim stub.                                          | None                                                                                                                                                       | 1 minute                   | Civil Registry Staff                 |
| 3. None                                                                                                                                                                                     | Submit the COLB Form and other requirements to the City Civil Registrar's Office for processing. | None                                                                                                                                                       | 1 day                      | Civil Registry Staff                 |
| 1 Receive a call about the date and time of the release of the COLB.                                                                                                                        | 1 Call the client to inform him/her of the schedule of the release of the COLB.                  | None                                                                                                                                                       | 11 days                    | City Civil Registrar's Office (CCRO) |
| On the specified date and time, return to the Civil Registry Section of City Hall Annex II and submit the claim stub.                                                                       | Receive the claim stub and request the client to sign in the Release Log Book.                   | None                                                                                                                                                       | 3 minutes                  | Civil Registry Staff                 |
| Sign in the Release Log Book and receive the COLB.                                                                                                                                          | Issue the COLB.                                                                                  | None                                                                                                                                                       |                            |                                      |
|                                                                                                                                                                                             | <b>TOTAL:</b>                                                                                    | <b>NONE</b>                                                                                                                                                | <b>13 days, 12 minutes</b> |                                      |

## 16. REGISTRATION OF DEATH (TIMELY)

Timely registration of death refers to registration of the death within thirty (30) days of occurrence at the Local Civil Registry Office of the city/municipality where the death occurred. Application for timely registration of death may be accepted at City Hall Annex II to cater to nearby communities.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                     | ANTIPOLO CITY HALL ANNEX II<br>CIVIL REGISTRY SECTION                                             |                                               |                          |                      |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------|
| <b>CLASSIFICATION:</b>                                                                                                           | Complex                                                                                           |                                               |                          |                      |
| <b>TYPES OF TRANSACTION:</b>                                                                                                     | G2C – Government to Citizen                                                                       |                                               |                          |                      |
| <b>WHO MAY AVAIL:</b>                                                                                                            | All                                                                                               |                                               |                          |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                        |                                                                                                   | WHERE TO SECURE                               |                          |                      |
| 1. Four copies of Death Certificate and Transaction Permit.                                                                      |                                                                                                   | - Civil Registry Section – City Hall Annex II |                          |                      |
| CLIENT STEPS                                                                                                                     | AGENCY ACTION                                                                                     | FEES TO BE PAID                               | PROCESSING TIME          | PERSON RESPONSIBLE   |
| 1. Submit the requirements to the Civil Registry Section, of City Hall Annex II.                                                 | 1. Receive the requirements.                                                                      | None                                          | 1 day                    | Civil Registry Staff |
| 1.1 Submit to interview.                                                                                                         | 1.1 Interview the client to check correctness of requirement.                                     | None                                          | 5 minutes                |                      |
| 1.2 Provide contact number and secure claim stub for the releasing of Death Registration.                                        | 1.2 Get the client's contact number and issue claim stub.                                         | None                                          |                          |                      |
| 2. Receive call about the date and time of the release of the Registration of Death.                                             | 2. Call the client to inform him/her of the schedule of the release of the Registration of Death. | None                                          | 1 day                    | Civil Registry Staff |
| 3. On the specified date and time, return to the Civil Registry Section of City Hall Annex II and submit the claim stub, if any. | 3. Receive the claim stub and request the client to sign in the Release Log Book.                 | None                                          | 1 day                    | Civil Registry Staff |
| 3.1 Sign in the Release Log Book and receive the Registration of Death.                                                          | 3.1 Issue the Registration of Death.                                                              | None                                          |                          |                      |
| <b>TOTAL:</b>                                                                                                                    |                                                                                                   | <b>None</b>                                   | <b>3 days/ 5 minutes</b> |                      |

## 17. REGISTRATION OF DEATH (DELAYED)

Delayed registration of death refers to registration of the death after thirty (30) days of occurrence. Application for the late registration of death may be accepted at City Hall Annex II to cater to nearby communities. Registration of Death shall be issued after requirements have complied.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                     |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ANTIPOLO CITY HALL ANNEX II<br>CIVIL REGISTRY SECTION                                                                |                                                                                                                                                                                                                                                                                                                                                                                     |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complex                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                     |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C – Government to Citizen                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                     |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | All                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                     |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                              |                        |                           |
| <ol style="list-style-type: none"> <li>1. PSA negative intact (Death)</li> <li>2. PSA CENODEATH</li> <li>3. FUNERAL CONTRACT / SERVICE</li> <li>4. AFFIDAVIT OF TWO WITNESS (W/XEROX ID)</li> <li>5. NOTARY AT THE BACK OF DEATH</li> <li>6. AFFIDAVIT FOR DELAYED</li> <li>7. CERTIFICATE FROM FUNERAL (STATED THAT THEY SERVE THE DEAD PERSON IN A CERTAIN OCCASION)</li> <li>8. CERTIFICATION FROM CHURCH, IF MASS HELD</li> <li>9. CERTIFICATION FROM CEMETERY</li> <li>10. INFORMANT'S ID (PHOTOCOPY)</li> </ol> |                                                                                                                      | <ul style="list-style-type: none"> <li>- Philippine Statistics Authority (PSA)</li> <li>- Philippine Statistics Authority (PSA)</li> <li>- Funeral Service Office</li> <li>- City/Municipal Civil Registrar's Office</li> <li>- Notary Public</li> <li>- City Civil Registrar's Office, hospital</li> <li>- Funeral Service Office</li> <li>- Church</li> <li>- Cemetery</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGENCY ACTION</b>                                                                                                 | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements to the Civil Registry Section, City Hall Annex II.                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. Receive the requirements.                                                                                         | None                                                                                                                                                                                                                                                                                                                                                                                | 1 day<br>3 minutes     | Civil Registry Staff      |
| 1.1 Submit to interview.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. 1 Interview the client to check correctness of entries in the Affidavit Form.                                     | None                                                                                                                                                                                                                                                                                                                                                                                | 5 minutes              | Civil Registry Staff      |
| 2. Provide contact number and secure claim stub for the releasing of the Registration of Death.                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Get the client's contact number and issue claim stub.                                                             | None                                                                                                                                                                                                                                                                                                                                                                                | 1 minute               | Civil Registry Staff      |
| 3. None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3. Submit the Registration of Death Form and other requirements to the City Civil Registrar's Office for processing. | None                                                                                                                                                                                                                                                                                                                                                                                | 1 day                  | Civil Registry Staff      |

|                                                                                                                          |                                                                                                    |             |                               |                                      |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|-------------------------------|--------------------------------------|
| 3.1 Receive call about the date and time of the release of the Death Registration.                                       | 3.1 Call the client to inform him/her of the schedule of the release of the Registration of Death. | None        | 3 minutes                     | City Civil Registrar's Office (CCRO) |
| 4. On the specified date and time, return to the Civil Registry Section of City Hall Annex II and submit the claim stub. | 4. Receive the claim stub and request the client to sign in the Release Log Book.                  | None        | 1 day                         | Civil Registry Staff                 |
| 5. Sign in the Release Log Book and receive the Registration of Death.                                                   | 5. Issue the Registration of Death.                                                                | None        |                               |                                      |
|                                                                                                                          | <b>TOTAL:</b>                                                                                      | <b>NONE</b> | <b>3 days,<br/>12 minutes</b> |                                      |

## 18. PROVISION OF INFORMATION TO QUERIES

City Hall Annex II attend to queries of walk-in clients insofar as City Government services are concerned such as but not limited to job vacancies and other services.

|                                                          |                                                                     |                            |                            |                                |
|----------------------------------------------------------|---------------------------------------------------------------------|----------------------------|----------------------------|--------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                             | CITY HALL ANNEX II                                                  |                            |                            |                                |
| <b>CLASSIFICATION:</b>                                   | Simple                                                              |                            |                            |                                |
| <b>TYPES OF TRANSACTION:</b>                             | G2C – Government to Citizen                                         |                            |                            |                                |
| <b>WHO MAY AVAIL:</b>                                    | Residents of Antipolo City                                          |                            |                            |                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                         |                                                                     | <b>WHERE TO SECURE</b>     |                            |                                |
| None                                                     |                                                                     | -                          |                            |                                |
| <b>CLIENT STEPS</b>                                      | <b>AGENCY ACTION</b>                                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>  |
| 1. Proceed to City Hall Annex II for inquiries.          | 1. Check inquiries of the client and endorse the Section concerned. | None                       | 2 minutes                  | Frontline Staff                |
| 1.1 Submit an interview and get the desired information. | 1.1 Interview the client and provide the desired information.       | None                       | 8 minutes                  | Administrative Staff concerned |
|                                                          | <b>TOTAL:</b>                                                       | <b>None</b>                | <b>10 minutes</b>          |                                |



# **City Hall Annex IV**

## **External Services**



## 1. BLOOD PRESSURE MONITORING

The City Health Office (CHO) promotes hypertension awareness that reminds the public of regular blood pressure check. The City Health Satellite Office at City Hall Annex IV provides free services for blood pressure monitoring from Monday to Friday, 8:00 AM to 5:00 PM.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                       | ANTIPOLO CITY HALL ANNEX IV<br>CITY HEALTH SATELLITE OFFICE                                                     |                       |                    |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                             | Simple                                                                                                          |                       |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                       | G2C – Government to Citizen                                                                                     |                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                              | All                                                                                                             |                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                          |                                                                                                                 | WHERE TO SECURE       |                    |                       |
| None                                                                                                                                               |                                                                                                                 | -                     |                    |                       |
| CLIENT STEPS                                                                                                                                       | AGENCY ACTION                                                                                                   | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Proceed to City Health Satellite Office at City Hall Annex IV and secure Information Card.<br><br>1.1 Submit the accomplished Information Card. | 1. Issue Information Card.<br><br>1.1 Receive the accomplished information Card.                                | None<br><br>None      | 2 minutes          | BHW on duty           |
| 2. Submit to blood pressure check.                                                                                                                 | 2. Check the client's blood pressure, inform him/her of the result and record the same in the Information Card. | None                  | 3 minutes          | BHW on duty           |
|                                                                                                                                                    | <b>TOTAL:</b>                                                                                                   | <b>None</b>           | <b>5 minutes</b>   |                       |

## 2. FREE MEDICAL CONSULTATION SERVICES

The City Health Office Satellite at Antipolo City Hall Annex IV provides free medical consultation services such as medical check-up from Monday to Friday, 8:00 a.m. to 5:00 p.m. to residents of Antipolo City in lower areas.

| <b>OFFICE/<br/>DIVISION:</b>                                                   | ANTIPOLO CITY HALL ANNEX IV<br>CITY HEALTH SATELLITE OFFICE                                         |                                                   |                   |                    |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------|
| <b>CLASSIFICATION:</b>                                                         | Simple                                                                                              |                                                   |                   |                    |
| <b>TYPES OF TRANSACTION:</b>                                                   | G2C – Government to Citizen                                                                         |                                                   |                   |                    |
| <b>WHO MAY AVAIL:</b>                                                          | All                                                                                                 |                                                   |                   |                    |
| CHECKLIST OF REQUIREMENTS                                                      |                                                                                                     | WHERE TO SECURE                                   |                   |                    |
| Individual Information Form – to be accomplished by the client                 |                                                                                                     | CHO Satellite Office, Antipolo City Hall Annex IV |                   |                    |
| CLIENT STEPS                                                                   | AGENCY ACTION                                                                                       | FEES TO BE PAID                                   | PROCESSING TIME   | PERSON RESPONSIBLE |
| 1. Secure queue number at CHO Satellite Information Desk.                      | 1. Issue queue number.                                                                              | None                                              | 1 minute          | BHW on duty        |
| 2. Proceed to CHO Satellite Office and secure Individual Information Form.     | 2. Issue Individual Information Form.                                                               | None                                              | 1 minute          | BHW on duty        |
| 2.1 Submit the accomplished Individual Information Form for vital signs check. | 2.1 Receive the Individual Information Form and check the client's vital signs and chief complaint. | None                                              | 3 minutes         |                    |
| 2.2 Wait at the waiting area for your number to be called.                     | 2.2 Advise the patient to proceed to the waiting area.                                              | None                                              |                   |                    |
| 3. Once called, proceed to the Doctor's Room for check-up.                     | 3. Asking the patient about the health problem. Give advice about the patient health problem.       | None                                              | 20 minutes        | Doctor on duty     |
| 3.1 Secure prescription, if any.                                               | 3.1 Issue prescription, if any.                                                                     | None                                              |                   |                    |
|                                                                                | <b>TOTAL:</b>                                                                                       | <b>None</b>                                       | <b>25 minutes</b> |                    |



### 3. FREE DENTAL CHECK-UP AND TOOTH EXTRACTION SERVICES

The City Health Office Satellite at Antipolo City Hall Annex IV provides free dental services such as dental check-up and tooth extraction every Thursday of the month from 8:00 a.m. to 12:00 p.m. to residents of Antipolo City in lower areas of the City to ensure their proper and adequate oral hygiene.

| <b>OFFICE/<br/>DIVISION:</b>                                                                      | ANTIPOLO CITY HALL ANNEX IV<br>CITY HEALTH SATELLITE OFFICE                  |                                                   |                   |                                |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------|
| <b>CLASSIFICATION:</b>                                                                            | Simple                                                                       |                                                   |                   |                                |
| <b>TYPES OF TRANSACTION:</b>                                                                      | G2C – Government to Citizen                                                  |                                                   |                   |                                |
| <b>WHO MAY AVAIL:</b>                                                                             | All                                                                          |                                                   |                   |                                |
| CHECKLIST OF REQUIREMENTS                                                                         |                                                                              | WHERE TO SECURE                                   |                   |                                |
| Individual Dental Record Form – to be accomplished by the client                                  |                                                                              | CHO Satellite Office, Antipolo City Hall Annex IV |                   |                                |
| CLIENT STEPS                                                                                      | AGENCY ACTION                                                                | FEES TO BE PAID                                   | PROCESSING TIME   | PERSON RESPONSIBLE             |
| 1. Secure queue number at CHO Satellite Information Desk.                                         | 1. Issue queue number.                                                       | None                                              | 1 minute          | Annex IV Staff and BHW on duty |
| 2. Proceed to CHO Satellite Office (Dental Room) and secure Individual Dental Record Form (IDRF). | 2. Issue IDRF.                                                               | None                                              | 1 minute          | Annex IV Staff and BHW on duty |
| 2.1 Submit the accomplished IDRF for vital signs check.                                           | 2.1 Receive the IDRF and check the client's vital signs and chief complaint. | None                                              | 3 minutes         |                                |
| 2.2 Wait at the waiting area for your number to be called.                                        | 2.2 Advise the client to proceed to the waiting area.                        | None                                              |                   |                                |
| 3. Once called, proceed to the Dental Room for dental check-up and/or tooth extraction.           | 3. Perform tooth examination, anesthetic application, and tooth extraction.  | None                                              | 20 minutes        | Dentist on duty                |
| 3.1 Receive dental care instruction.                                                              | 3.1 Give dental care instruction.                                            | None                                              |                   |                                |
| 3.2 Secure prescription, if any.                                                                  | 3.2 Issue prescription, if any.                                              | None                                              |                   |                                |
|                                                                                                   | <b>TOTAL:</b>                                                                | <b>None</b>                                       | <b>25 minutes</b> |                                |

## 4. FREE NEBULIZATION

Free nebulization services are available at City Hall Annex IV from Monday to Friday, 8:00 AM to 5:00 PM.

| <b>OFFICE/<br/>DIVISION:</b>                                                                          | ANTIPOLO CITY HALL ANNEX IV<br>CITY HEALTH SATELLITE OFFICE                     |                                                                   |                    |                       |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                          |                                                                   |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                          | G2C – Government to Citizen                                                     |                                                                   |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                 | All                                                                             |                                                                   |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                             |                                                                                 | WHERE TO SECURE                                                   |                    |                       |
| 1. Medicine to be used for the nebulization<br>2. Information Card – to be accomplished by the client |                                                                                 | - Client<br>- City Health Satellite Office,<br>City Hall Annex IV |                    |                       |
| CLIENT STEPS                                                                                          | AGENCY ACTION                                                                   | FEES<br>TO BE<br>PAID                                             | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Proceed to the City Health Satellite Office at City Hall Annex IV and submit the requirements.     | 1. Receive the requirements and prepare for the nebulization procedure.         | None                                                              | 3 minutes          | BHW on duty           |
| 1.1 Submit to nebulization.                                                                           | 1.1 Administer nebulization.                                                    | None                                                              | 5 minutes          |                       |
| 1.2 Sign in the Out-Patient Log Book after undergoing nebulization.                                   | 1.2 Give the Out-Patient Log Book to the client to sign after the nebulization. | None                                                              | 2 minutes          |                       |
|                                                                                                       | <b>TOTAL:</b>                                                                   | <b>None</b>                                                       | <b>10 minutes</b>  |                       |

## 5. PROVISION OF FREE MEDICINES FOR TUBERCULOSIS PATIENTS

The City Government of Antipolo supports the programs of the Department of Health on Tuberculosis (TB) to cure patients diagnosed with TB and to control the spread of the virus. Free medicines for active TB patients are available at the City Health Satellite Office at City Hall Annex IV from Monday to Friday, 8:00 AM to 5 PM.

| <b>OFFICE/<br/>DIVISION:</b>                                              | ANTIPOLO CITY HALL ANNEX IV<br>CITY HEALTH OFFICE SATELLITE                    |                                                                                             |                    |                       |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                    | Simple                                                                         |                                                                                             |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                              | G2C – Government to Citizen                                                    |                                                                                             |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                     | Tuberculosis patients under medication                                         |                                                                                             |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                 |                                                                                | WHERE TO SECURE                                                                             |                    |                       |
| 1. Tuberculosis Card<br>2. Doctor's Prescription                          |                                                                                | <ul style="list-style-type: none"> <li>- City Health Office (CHO)</li> <li>- CHO</li> </ul> |                    |                       |
| CLIENT STEPS                                                              | AGENCY ACTION                                                                  | FEES<br>TO BE<br>PAID                                                                       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Proceed to the City Health Satellite Office and show the requirements. | 1. Check the requirements.                                                     | None                                                                                        | 1 minute           | BHW on duty           |
| 1.1 Submit to blood pressure check.                                       | 1.1. Check the blood pressure and weight of the patient and record the result. | None                                                                                        | 5 minutes          | BHW on duty           |
| 2. Sign in the Release Log Book.                                          | 2. Give the Release Log Book to the client to sign.                            | None                                                                                        | 4 minutes          | BHW on duty           |
| 2.1 Receive the tuberculosis (TB) medicines.                              | 2.1 Issue TB medicines.                                                        |                                                                                             |                    |                       |
|                                                                           | <b>TOTAL:</b>                                                                  | <b>None</b>                                                                                 | <b>10 minutes</b>  |                       |

## 6. PROVISION OF FURNITURE AND EQUIPMENT SUCH AS TENTS, STAGE, TABLES, CHAIRS, BACKDROP FRAMES, ETC.

The City Hall Annex IV advocates itself to develop strong relationships and partnership with the community. Allowing nearby residents to borrow chairs, tables and tents during the conduct of meetings, family occasions, wakes and other social gatherings is a simple way of providing them assistance.

|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                    |                        |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                             | ANTIPOLO CITY HALL ANNEX IV<br>SOCIAL ADMINISTRATION SECTION           |                                                                                                                    |                        |                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                   | Simple                                                                 |                                                                                                                    |                        |                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                             | G2C – Government to Citizen                                            |                                                                                                                    |                        |                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                    | All                                                                    |                                                                                                                    |                        |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                        | <b>WHERE TO SECURE</b>                                                                                             |                        |                             |
| 1. Letter of request addressed to the City Mayor thru OIC-City Hall Annex IV – Original copy<br><br>Indicating the following information, among others:<br>a. Contact person<br>b. Contact number<br>c. Complete address<br>d. Exact location where the event will be held<br>e. Schedule of the event / occasion (date and time)<br>2. Any government-issued ID card – 1 photocopy each |                                                                        | - Client<br><br><br><br><br><br><br><br><br><br>- BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, or COMELEC |                        |                             |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                      | <b>AGENCY ACTION</b>                                                   | <b>FEES TO BE PAID</b>                                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit the requirements to the Social Administration Section of City Hall Annex IV.                                                                                                                                                                                                                                                                                                   | 1. Receive the requirements and check the availability of the request. | None                                                                                                               |                        | Social Administration Staff |
| 1.1 Secure approval of the request.                                                                                                                                                                                                                                                                                                                                                      | 1.1 Verify and approve the request.                                    | None                                                                                                               |                        | OIC-City Hall Annex IV      |
| 1.2 Sign in the Release Log Book.                                                                                                                                                                                                                                                                                                                                                        | 1.2 Give the Release Log Book to the client to sign.                   | None                                                                                                               |                        | Social Administration Staff |
| 1.3 Receive the items being borrowed.                                                                                                                                                                                                                                                                                                                                                    | 1.3 Issue the items being borrowed.                                    | None                                                                                                               |                        | Social Administration Staff |
|                                                                                                                                                                                                                                                                                                                                                                                          | <b>TOTAL:</b>                                                          | <b>None</b>                                                                                                        | <b>25 minutes</b>      |                             |

## 7. PROVISION OF INFORMATION TO QUERIES

The City Hall Annex IV attends to queries of walk-in clients on various concerns involving government services of other departments / program offices of the City Government.

|                                                          |                                                                    |                            |                            |                               |
|----------------------------------------------------------|--------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                             | CITY HALL ANNEX IV                                                 |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                   | Simple                                                             |                            |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                             | G2C – Government to Citizen                                        |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                    | Residents of Antipolo City                                         |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                         |                                                                    | <b>WHERE TO SECURE</b>     |                            |                               |
| None                                                     |                                                                    | -                          |                            |                               |
| <b>CLIENT STEPS</b>                                      | <b>AGENCY ACTION</b>                                               | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Proceed to City Hall Annex IV for inquiries.          | 1. Check inquiries of the client and endorse to Section concerned. | None                       | 2 minutes                  | Frontline Staff               |
| 1.1 Submit to interview and get the desired information. | 1.1 Interview the client and provide the desired information.      | None                       | 8 minutes                  | Staff of Section concerned    |
|                                                          | <b>TOTAL:</b>                                                      | <b>None</b>                | <b>10 minutes</b>          |                               |

## 8. USE OF FACILITIES AND AMENITIES AT CITY HALL ANNEX IV

The covered court, stage, and open space at City Hall Annex IV are open for free use by nearby communities for sports activities, meetings, seminars, and celebrations, subject to the availability of the facilities and amenities on the date and time of the event indicated in the request.

|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                                    |                        |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                             | ANTIPOLO CITY HALL ANNEX IV<br>SOCIAL ADMINISTRATION SECTION                                                                                       |                                                                                                                    |                        |                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                   | Simple                                                                                                                                             |                                                                                                                    |                        |                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                             | G2C – Government to Citizen                                                                                                                        |                                                                                                                    |                        |                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                    | All                                                                                                                                                |                                                                                                                    |                        |                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                    | <b>WHERE TO SECURE</b>                                                                                             |                        |                             |
| 1. Letter of request addressed to the City Mayor thru OIC-City Hall Annex IV – Original copy<br><br>Indicating the following information, among others:<br>a. Contact person<br>b. Contact number<br>c. Complete address<br>d. Exact location where the event will be held<br>e. Schedule of the event / occasion (date and time)<br>2. Any government-issued ID card – 1 photocopy each |                                                                                                                                                    | - Client<br><br><br><br><br><br><br><br><br><br>- BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, or COMELEC |                        |                             |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                      | <b>AGENCY ACTION</b>                                                                                                                               | <b>FEES TO BE PAID</b>                                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit the requirements to the Social Administration Section of City Hall Annex IV.                                                                                                                                                                                                                                                                                                   | 1. Receive the requirements and check the availability of the facilities and amenities on the date and time of the event indicated in the request. | None                                                                                                               |                        | Social Administration Staff |
| 1.1 Secure approval of the request.                                                                                                                                                                                                                                                                                                                                                      | 1.1 Approve the request.                                                                                                                           | None                                                                                                               |                        | OIC-City Hall Annex IV      |
| 1.2 None                                                                                                                                                                                                                                                                                                                                                                                 | 1.2 Record the request in the Calendar of Events.                                                                                                  | None                                                                                                               |                        | Social Administration Staff |
| 1.3 Get confirmation of the approval and availability of the request.                                                                                                                                                                                                                                                                                                                    | 1.3 Inform the client about the approval and availability of the request.                                                                          | None                                                                                                               |                        | Social Administration Staff |
| 1.4 Sign in the Client's Log Book.                                                                                                                                                                                                                                                                                                                                                       | 1.4 Give the Log Book to the client to sign.                                                                                                       | None                                                                                                               |                        | Social Administration Staff |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    | <b>None</b>                                                                                                        | <b>10 minutes</b>      |                             |



# **City Human Resource Development Office (External Services)**



## 1. APPLICATION FOR EMPLOYMENT IN THE CITY GOVERNMENT

### A. PERMANENT POSITION

The City Human Resource Development Office (CHRDO) facilitates the processing of applications for employment on open government positions in the City Government. Applications filed by qualified individuals, i.e., those who meet the minimum requirements and qualifications for the vacant positions applied for will be processed in accordance with existing civil service rules and regulations.

Processes applications for employment in the City Government. Applications submitted by qualified individuals are evaluated in accordance with existing Civil Service Commission (CSC) rules and regulations.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                  | CITY HUMAN RESOURCE DEVELOPMENT OFFICE /<br>Recruitment and Appointments Division      |                                                                                       |                    |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                        | Highly Technical                                                                       |                                                                                       |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                              | G2C-Government to Citizen                                                              |                                                                                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                         | Interested and qualified individuals applying for employment in the City<br>Government |                                                                                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                     |                                                                                        | WHERE TO SECURE                                                                       |                    |                       |
| 1. Letter of Intent / Application – <b>1 original copy</b>                                                                                                                                                                                    |                                                                                        | - Applicant                                                                           |                    |                       |
| 2. Fully accomplished Personal Data Sheet (PDS) with Work Experience Sheet and recent passport-sized or unfiltered digital picture (CS Form No. 212, Revised 2025), <b>digitally or electronically signed and notarized – 1 original copy</b> |                                                                                        | - CHRDO / CSC Official Website ( <a href="http://www.csc.gov.ph">www.csc.gov.ph</a> ) |                    |                       |
| 3. Performance Rating for the last rating period, if applicable – <b>1 certified true copy</b>                                                                                                                                                |                                                                                        | - Current / Previous Office                                                           |                    |                       |
| 4. Certificates of Training Programs attended – <b>1 hard copy or electronic copy</b>                                                                                                                                                         |                                                                                        | - Conducted / Sponsored by                                                            |                    |                       |
| 5. Transcript of Records – <b>1 hard copy or electronic copy</b>                                                                                                                                                                              |                                                                                        | - School / University                                                                 |                    |                       |
| 6. Proof of Eligibility / Rating / License – <b>1 hard copy or electronic copy</b>                                                                                                                                                            |                                                                                        | - Issuing Agency (PRC/CSC)                                                            |                    |                       |
| CLIENT STEPS                                                                                                                                                                                                                                  | AGENCY ACTION                                                                          | FEES TO<br>BE PAID                                                                    | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |



|                                                           |                                                                                                    |             |                                                                                                                                      |                   |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Submit application requirements (walk-in or via email) | 1. Receive and acknowledge submitted documents                                                     | None        | 1 minute                                                                                                                             | Recruitment Staff |
| 2. Attend interview                                       | 2. Conduct initial Assessment                                                                      | None        | 5 minutes                                                                                                                            | Interviewer/Staff |
| 3. Undergo skills/trade test, if applicable               | 3. Conduct further assessment                                                                      | None        | 30 minutes - 1 hour                                                                                                                  | Concerned Office  |
| 4. Take Written exam                                      | 4. Administer exam                                                                                 | None        | 30 minutes - 1 hour                                                                                                                  | Recruitment Staff |
| 5. Wait for application status                            | 5. Evaluate results and prepare for deliberation                                                   | None        | 3-5 days                                                                                                                             | Recruitment Staff |
| 6. Receive notification                                   | 6. Notify the applicant thru call, text message, or email on the status and update on application. | None        | 1 day after release of evaluation result                                                                                             | Recruitment Staff |
|                                                           | <b>TOTAL</b>                                                                                       | <b>None</b> | <b>6 days 2 hours and 6 minutes</b><br><br><i>(total processing time is applicable only up to the status of application process)</i> |                   |

## B. JOB ORDER POSITION

|                                                                                                                           |                                                                                                                                         |                                                                                                                               |                                                                                                                                                         |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                              | CITY HUMAN RESOURCE DEVELOPMENT OFFICE (CHRDO)/<br>RECRUITMENT AND APPOINTMENTS DIVISION (RAD)                                          |                                                                                                                               |                                                                                                                                                         |                                                                             |
| <b>CLASSIFICATION:</b>                                                                                                    | Complex                                                                                                                                 |                                                                                                                               |                                                                                                                                                         |                                                                             |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                          | G2C – Government to Citizen                                                                                                             |                                                                                                                               |                                                                                                                                                         |                                                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                     | Interested and qualified applicants for employment in the City<br>Government                                                            |                                                                                                                               |                                                                                                                                                         |                                                                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                          |                                                                                                                                         | <b>WHERE TO SECURE</b>                                                                                                        |                                                                                                                                                         |                                                                             |
| 1. Letter of Application<br>2. Personal Data Sheet<br>with<br>Picture/Resume/Biodata                                      |                                                                                                                                         | - Applicant<br>- City Human Resource<br>Development Office/CSC website:<br><a href="http://www.csc.gov.ph">www.csc.gov.ph</a> |                                                                                                                                                         |                                                                             |
| <b>CLIENT STEPS</b>                                                                                                       | <b>AGENCY ACTION</b>                                                                                                                    | <b>FEES TO<br/>BE PAID</b>                                                                                                    | <b>PROCESSIN<br/>G<br/>TIME</b>                                                                                                                         | <b>PERSON<br/>RESPONSIBL<br/>E</b>                                          |
| 1. Submit the<br>requirements to the<br>CHRDO.                                                                            | 1. Receive and check<br>the requirements.                                                                                               | None                                                                                                                          | 5 minute                                                                                                                                                | Administrative<br>Division Staff                                            |
| 1.1 None                                                                                                                  | 1.1 Forward the<br>requirements to<br>RAD                                                                                               |                                                                                                                               |                                                                                                                                                         |                                                                             |
| 2. Undergo an<br>initial interview                                                                                        | 2. Conduct of<br>initial<br>assessment                                                                                                  | None                                                                                                                          | 15 minutes                                                                                                                                              | RAD Staff                                                                   |
| 2.1 Undergo further<br>assessment (skills/trade<br>test) depending on the<br>position being applied for,<br>if applicable | 2.1 Conduct of actual<br>assessment with the<br>concerned office<br>depending on the<br>position being<br>applied for, if<br>applicable | None                                                                                                                          | 30 minutes<br>to 1 hour                                                                                                                                 | Concerned<br>office<br>depending on<br>the position<br>being applied<br>for |
| 3. Receive update on the<br>status of application.                                                                        | 3. Notify the applicant<br>thru call, text message,<br>or email on the status<br>and update on<br>application.                          | None                                                                                                                          | 3-5 days<br>depending<br>on the<br>evaluation<br>of results of<br>assessment<br>t                                                                       | RAD Staff                                                                   |
|                                                                                                                           | <b>TOTAL:</b>                                                                                                                           | <b>None</b>                                                                                                                   | <b>5 days, 1<br/>hour and<br/>20 minutes</b><br>(total<br>processing<br>time is<br>applicable only<br>up to the<br>status of<br>application<br>process) |                                                                             |

## 2. APPLICATION FOR GSIS SEPARATION/RETIREMENT BENEFITS

Upon severance of service, by way of retirement, resignation, or death, Government Service Insurance System (GSIS) members are entitled to different benefits such as Life Insurance Benefits, Separation and Retirement Benefits, and Death and Funeral Benefits.

|                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                                            |                        |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                  | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION                                                                                                                                         |                                                                                                                                            |                        |                                     |
| <b>CLASSIFICATION:</b>                                                                                                                        | Simple                                                                                                                                                                                                                |                                                                                                                                            |                        |                                     |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                              | G2G - Government to Government<br>G2C - Government to Citizen                                                                                                                                                         |                                                                                                                                            |                        |                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                         | Retired / resigned employees of the City Government;<br>Spouses / children of deceased regular / casual employees of the City Government                                                                              |                                                                                                                                            |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                              |                                                                                                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                                                     |                        |                                     |
| 1. Duly accomplished GSIS form/s – Original copy<br>2. Any government-issued ID card – Original and 1 photocopy                               |                                                                                                                                                                                                                       | - City Human Resource Development Office (CHRDO)<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (National ID / PSN) |                        |                                     |
| <b>CLIENT STEPS</b>                                                                                                                           | <b>AGENCY ACTION</b>                                                                                                                                                                                                  | <b>FEES TO BE PAID</b>                                                                                                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Secure form/s for specific GSIS claims from CHRDO.<br><br>1.1 Submit the GSIS forms once accomplished.<br><br>1.2 Secure Order of Payment. | 1. Issue blank GSIS form/s corresponding to the client's specific claims.<br><br>1.1 Receive and check the accomplished GSIS forms.<br><br>1.2 Issue the Order of Payment for Service Record and Certificate of LWOP. | None<br><br>None<br><br>None                                                                                                               | 10 minutes             | Records and Benefits Division Staff |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment.<br><br>2.1 Secure Official Receipt.       | 2. Accept the payment based on the Order of Payment.<br><br>2.1 Issue the Official Receipt.                                                                                                                           | PHP10.00 per copy / page<br><br>None                                                                                                       | 5 minutes              | Revenue Collection Clerk            |
| 3. Return to CHRDO and show the Official Receipt.<br><br>3.1 Provide contact number.                                                          | 3. Check the Official Receipt.<br><br>3.1 Get the client's contact number for feedback purposes.                                                                                                                      | None<br><br>None                                                                                                                           | 3 minutes              | Records and Benefits Division Staff |

|                                                                                        |                                                                                                                                          |                                 |                           |                                                            |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|------------------------------------------------------------|
| 4. None                                                                                | 4. Prepare the following:<br>a. Service Record and Certificate of LWOP.<br>b. Certification of No Pending Administrative/ Criminal Case. | None                            | 1 day                     | Records and Benefits Division Staff                        |
| 4.1 None                                                                               | 4.1 Transmit the Certificate of No Pending Administrative/ Criminal Case to the City Legal Office for verification and signature.        | None                            | 1 day                     | Records and Benefits Division Staff and City Legal Officer |
| 4.2 Receive notification from CHRDO as to the date of release of the documents.        | 4.2 Notify the client thru call or text message as to the date of release of the documents.                                              | None                            | 5 minutes                 | Records and Benefits Division Staff                        |
| 5. On the specified date, return to CHRDO for the issuance of the requested documents. | 5. Retrieve the Service Record and Certifications.                                                                                       | None                            | 5 minutes                 | Records and Benefits Division Staff                        |
| 5.1 Sign in the Release Log Book and secure the Service Record and Certifications.     | 5.1 Request the client to sign in the Release Log Book and issue the documents.                                                          | None                            |                           |                                                            |
|                                                                                        | <b>TOTAL:</b>                                                                                                                            | <b>PHP10.00 per copy / page</b> | <b>2 days, 28 minutes</b> |                                                            |

### 3. APPLICATION FOR TERMINAL LEAVE BENEFITS

Terminal Leave is applied for by an official or employee after resignation, retirement, or separation from the service. Processing of Terminal Leave shall be facilitated by the City Human Resource Development Office (CHRDO) in accordance with the guidelines issued on claiming of terminal leave benefits by governing agencies

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND BENEFITS SECTION                                                                 |                                                                                                                                                                                                        |                 |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Simple Transaction                                                                                                                     |                                                                                                                                                                                                        |                 |                                     |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | G2C – Government to Citizen                                                                                                            |                                                                                                                                                                                                        |                 |                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Retired, Resigned, and Employees who ceased their service<br>employment with the city government                                       |                                                                                                                                                                                                        |                 |                                     |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        | WHERE TO SECURE                                                                                                                                                                                        |                 |                                     |
| 1. GSIS Clearance or Retirement Voucher – 1 Original and 1 photocopy<br>2. Statement of Earned Leave – 1 original copy<br>3. Approved Leave Application – 1 original copy<br>4. Service Record – 1 original copy<br>5. Copy of Leave Cards – 1 original copy<br>6. SALN, for casual employee – 1 original copy<br>7. Notarized Declaration of Pendency/Non- Pendency of Case – 1 original copy<br>8. Computation of Terminal Leave – 1 original copy<br>9. Notarized Authority to Deduct Loans – 1 original copy<br>10. Clearance from Money, Property and Work Accountability – 1 original copy<br>11. Authority to Deduct Loan (if applicable) – 1 original copy |                                                                                                                                        | - Government Service Insurance System (GSIS) Head Office<br>- CHRDO<br>- CHRDO<br>- CHRDO<br>- CHRDO<br>- CHRDO<br>- CHRDO / Notary Public<br>- CHRDO<br>- CHRDO / Notary Public<br>- CHRDO<br>- CHRDO |                 |                                     |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AGENCY ACTION                                                                                                                          | FEES TO BE PAID                                                                                                                                                                                        | PROCESSING TIME | PERSON RESPONSIBLE                  |
| 1. Submit the GSIS Clearance or Retirement Voucher (original and 1 photocopy) to CHRDO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. Receive the documents and evaluate the details of the claim.                                                                        | None                                                                                                                                                                                                   | 5 minutes       | Records and Benefits Division Staff |
| 1.1 Secure the original copy of the GSIS Clearance or Retirement Voucher.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.1 Return to the client the original copy of the document/s.                                                                          | None                                                                                                                                                                                                   | 1 hour          |                                     |
| 1.2 Secure blank forms of, fill out, and submit once accomplished and notarized, the following:<br>a. Declaration of Pendency/Non- Pendency of Case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.2 Issue blank forms of, and receive once accomplished and notarized, the Declaration of Pendency/Non- Pendency of Case, and/or SALN. | None                                                                                                                                                                                                   |                 |                                     |

|                                                                                                                                                                                                                             |                                                                                                                                                |             |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|--|
| b. Authority to Deduct Loan (if applicable) and/or<br>c. SALN (for casual employee)<br><br>1.3 Provide contact number for feedback purposes and receive advice from CHRDO as to the release of the terminal leave benefits. | 1.3 Get the client's contact number and inform him/her that he/she will receive notification as to the release of the terminal leave benefits. |             |                          |  |
|                                                                                                                                                                                                                             | <b>TOTAL:</b>                                                                                                                                  | <b>None</b> | <b>1 hour, 5 minutes</b> |  |

#### 4. ON-THE-JOB TRAINING AND/OR IMMERSION REFERRAL

Indorsement of students who will undergo on-the-job-training (OJT) and/or Immersion as part of their curriculum to other departments/offices within the City Government of Antipolo.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                                                                             |                                 |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY HUMAN RESOURCE DEVELOPMENT OFFICE (CHRDO) /<br>PERSONNEL DEVELOPMENT DIVISION (PDD)                                                                                                   |                                                                                                                                             |                                 |                                    |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Simple Transaction                                                                                                                                                                         |                                                                                                                                             |                                 |                                    |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G2G - Government to Government<br>G2C - Government to Citizen                                                                                                                              |                                                                                                                                             |                                 |                                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Grade 12 Senior High School/College/University Students                                                                                                                                    |                                                                                                                                             |                                 |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            | <b>WHERE TO SECURE</b>                                                                                                                      |                                 |                                    |
| 1. Application letter submitted physically, or by email to <a href="mailto:pddhrmoantipolo@gmail.com">pddhrmoantipolo@gmail.com</a> or <a href="mailto:hrmo.antipolo@gmail.com">hrmo.antipolo@gmail.com</a> indicating the following information, among others: <ul style="list-style-type: none"> <li>a. Full name of the student</li> <li>b. Contact details</li> <li>c. Complete address</li> <li>d. Course/Strand of the OJT/Immersion</li> </ul> 2. Recommendation letter from school/college/university<br>3. Resume<br>4. Parental Consent (for Grade 12 Senior High Students)<br>5. Other supporting documents, if applicable |                                                                                                                                                                                            | - OJT/Immersion<br><br><br><br><br>- School/College/University<br><br><br>- OJT/Immersion<br>- OJT/Immersion<br>- Immersion Parent/Guardian |                                 |                                    |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGENCY ACTION</b>                                                                                                                                                                       | <b>FEES TO<br/>BE PAID</b>                                                                                                                  | <b>PROCESSIN<br/>G<br/>TIME</b> | <b>PERSON<br/>RESPONS<br/>IBLE</b> |
| 1. Submit the requirements to CHRDO.<br><br>1.1 Receive advice for feedback.<br><br>1.2 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Receive and check the requirements.<br><br>1.1 Advise the client to expect a call or email from a PDD staff for feedback purposes.<br><br>1.2 Forward the documents to the PDD Division | None                                                                                                                                        | 5 minutes                       | Administrative Division Staff      |

|                                                                                    |                                                                                                                                                                                                                                                      |      |                                      |           |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|-----------|
| 2. None.<br><br>2.1 None<br><br>2.2 Receive feedback on the status of application. | 2. Check available offices for the assignment of student based on their respective course/strand<br><br>2.1 Prepare the endorsement letter to be emailed to the concerned offices.<br><br>2.2 Call/Email the student and provide feedback on request | None | 2 days                               | PDD Staff |
| 3. Attend the orientation.<br><br>3.1 Report to the assigned office.               | 3. Orient the student on the policy of the agency.<br><br>3.1 Assist and endorse the student to the assigned office.                                                                                                                                 | None | 4 hours                              | PDD Staff |
|                                                                                    | <b>TOTAL:</b>                                                                                                                                                                                                                                        | None | <b>2 days, 4 hours and 5 minutes</b> |           |



## 5. ISSUANCE OF CERTIFICATE OF COMPLETION TO OJT/IMMERSION

Students who have completed the required number of training hours will be issued with the corresponding certificate.

|                                                                            |                                                                                                         |                                                                                                 |                             |                               |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                               | CITY HUMAN RESOURCE DEVELOPMENT OFFICE (CHRDO)/<br>PERSONNEL DEVELOPMENT DIVISION (PDD)                 |                                                                                                 |                             |                               |
| <b>CLASSIFICATION:</b>                                                     | Simple Transaction                                                                                      |                                                                                                 |                             |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                           | G2G – Government to Government<br>G2C – Government to Citizen                                           |                                                                                                 |                             |                               |
| <b>WHO MAY AVAIL:</b>                                                      | Grade 12 Senior High School/College/University Students                                                 |                                                                                                 |                             |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                           |                                                                                                         | <b>WHERE TO SECURE</b>                                                                          |                             |                               |
| 1. Daily Time Record<br>2. Evaluation Form<br>3. Feedback Form             |                                                                                                         | - Office where the student is assigned<br>- Office where the student is assigned<br>- CHRDO/PDD |                             |                               |
| <b>CLIENT STEPS</b>                                                        | <b>AGENCY ACTION</b>                                                                                    | <b>FEES TO<br/>BE PAID</b>                                                                      | <b>PROCESSING<br/>TIME</b>  | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit requirements to the CHRDO.                                       | 1. Receive and check the requirements                                                                   | None                                                                                            | 5 minutes                   | Administrative Division Staff |
| 1.1. Receive advice for feedback.                                          | 1.1. Advise the client to expect an email from a PDD staff for feedback purposes.                       | None                                                                                            |                             |                               |
| 1.1 None                                                                   | 1.1 Forward the documents to the PDD Division                                                           | None                                                                                            |                             |                               |
| 2. Access the link for the feedback form.                                  | 2. Email students the link for the feedback form.                                                       | None                                                                                            | 2 days                      | PDD Staff                     |
| 2.1 None                                                                   | 2.1 Prepare the Certificate of Completion.                                                              | None                                                                                            |                             | PDD Staff                     |
| 2.2 None                                                                   | 2.1 Check and Sign the Certificate.                                                                     | None                                                                                            |                             | HRDO Head                     |
| 2.2 Receive feedback on the status of request                              | 2.3 Notify the student thru call or text message or email as to the date of release of the Certificate. |                                                                                                 |                             |                               |
| 3. Sign in the Release Log Book and receive the Certificate of Completion. | 3. Issue the Certificate of Completion.                                                                 | None                                                                                            | 3 minutes                   | Administrative Division Staff |
|                                                                            | <b>TOTAL:</b>                                                                                           | <b>None</b>                                                                                     | <b>2 days and 8 minutes</b> |                               |

## 6. ISSUANCE OF CERTIFICATE OF EMPLOYMENT AND SERVICE RECORD

Certificates of Employment and Service Record are requested by resigned and separated employees as supporting documents for various purposes such as loans, benefit claim, terminal leave benefits claim, and reference document for employment application.

| <b>OFFICE/<br/>DIVISION:</b>                                                                        | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION           |                                                                                    |                 |                                       |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------|---------------------------------------|
| <b>CLASSIFICATION:</b>                                                                              | Simple Transaction                                                                      |                                                                                    |                 |                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                    | G2C – Government to Citizen                                                             |                                                                                    |                 |                                       |
| <b>WHO MAY AVAIL:</b>                                                                               | Resigned / separated employees of the City Government of Antipolo                       |                                                                                    |                 |                                       |
| CHECKLIST OF REQUIREMENTS                                                                           |                                                                                         | WHERE TO SECURE                                                                    |                 |                                       |
| 1. Duly accomplished Request Slip – 1 original copy                                                 |                                                                                         | - CHRDO                                                                            |                 |                                       |
| 2. Any government-issued ID card – Original (For verification purposes only)                        |                                                                                         | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                 |                                       |
| CLIENT STEPS                                                                                        | AGENCY ACTION                                                                           | FEES TO BE PAID                                                                    | PROCESSING TIME | PERSON RESPONSIBLE                    |
| 1. Secure Order of Payment                                                                          | 1. Issue the Order of Payment                                                           | None                                                                               | 5 minutes       | CHRDO personnel at the receiving area |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment. | 2. Accept the payment based on the Order of Payment.                                    | PHP10.00 per copy / page                                                           | 10-15 minutes   | Revenue Collection Clerk              |
| 2.1 Secure Official Receipt.                                                                        | 2.1 Issue the Official Receipt.                                                         | None                                                                               |                 |                                       |
| 3. Return to CHRDO and submit the Official Receipt.                                                 | 3. Receive the Official Receipt and forward to assigned CHRDO personnel for preparation | None                                                                               | 1 minute        | CHRDO personnel at the receiving area |
| 3.1 None                                                                                            | 3.1 Prepare the Certificate of Employment and Service Record.                           | None                                                                               | 30 minutes      | Records and Benefits Division Staff   |
| 3.2 None                                                                                            | 3.2 Check and Sign the documents.                                                       | None                                                                               | 5 minutes       | CHRDO Head                            |
| 3.3 Secure the signed Certificate of                                                                | 3.3 Release the signed requested documents.                                             | None                                                                               | 3 minutes       | CHRDO personnel at the receiving area |

|                                      |               |                                         |                       |  |
|--------------------------------------|---------------|-----------------------------------------|-----------------------|--|
| Employment<br>and Service<br>Record. |               |                                         |                       |  |
|                                      | <b>TOTAL:</b> | <b>PHP10.00<br/>per copy<br/>/ page</b> | <b>59<br/>minutes</b> |  |

## 7. ISSUANCE OF CERTIFIED TRUE COPIES OF APPOINTMENT

Certified True Copies of Appointment are requested by resigned and separated employees as supporting documents for various purposes such as loans, benefit claim, terminal leave benefits claim, and reference document for employment application.

| <b>OFFICE/<br/>DIVISION:</b>                                                                        | CITY HUMAN RESOURCE DEVELOPMENT OFFICE RECORDS AND LEAVE BENEFITS DIVISION              |                                                                                       |                 |                                       |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|---------------------------------------|
| <b>CLASSIFICATION:</b>                                                                              | Simple Transaction                                                                      |                                                                                       |                 |                                       |
| <b>TYPES OF TRANSACTION:</b>                                                                        | G2C – Government to Citizen                                                             |                                                                                       |                 |                                       |
| <b>WHO MAY AVAIL:</b>                                                                               | Resigned / separated employees of the City Government of Antipolo                       |                                                                                       |                 |                                       |
| CHECKLIST OF REQUIREMENTS                                                                           |                                                                                         | WHERE TO SECURE                                                                       |                 |                                       |
| 1. Request letter                                                                                   |                                                                                         | - Applicant                                                                           |                 |                                       |
| 2. Any government-issued ID card – Original (For verification purposes only)                        |                                                                                         | -BIR, Post Office, DFA, SSS, GSIS, LTO,<br>-Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                 |                                       |
| CLIENT STEPS                                                                                        | AGENCY ACTION                                                                           | FEES TO BE PAID                                                                       | PROCESSING TIME | PERSON RESPONSIBLE                    |
| 1. Secure Order of Payment                                                                          | 1. Issue the Order of Payment                                                           | None                                                                                  | 5 minutes       | CHRDO personnel at the receiving area |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment. | 2. Accept the payment based on the Order of Payment.                                    | PHP10.00 per copy / page                                                              | 10-15 minutes   | Revenue Collection Clerk              |
| 2.1 Secure Official Receipt.                                                                        | 2.1 Issue the Official Receipt.                                                         | None                                                                                  |                 |                                       |
| 3. Return to CHRDO and submit the Official Receipt.                                                 | 3. Receive the Official Receipt and forward to assigned CHRDO personnel for preparation | None                                                                                  | 1 minute        | CHRDO personnel at the receiving area |
| 3.1 None                                                                                            | 3.1 Prepare the Copies of Appointment.                                                  | None                                                                                  | 30 minutes      | Records and Benefits Division Staff   |
| 3.2 None                                                                                            | 3.2 Check and Sign the documents.                                                       | None                                                                                  | 5 minutes       | CHRDO Head                            |
| 3.3 Secure the signed Certified True Copy                                                           | 3.3 Release the signed requested documents.                                             | None                                                                                  | 3 minutes       | CHRDO personnel at the receiving area |

|  |               |                                       |                             |  |
|--|---------------|---------------------------------------|-----------------------------|--|
|  | <b>TOTAL:</b> | <b>PHP10.00</b><br>per copy<br>/ page | <b>59</b><br><b>minutes</b> |  |
|--|---------------|---------------------------------------|-----------------------------|--|

## 8. ISSUANCE OF CLEARANCE FROM MONEY, PROPERTY AND WORK ACCOUNTABILITY

Clearance from Money, Property and Work Accountability is requested by resigned and separated employees as supporting documents for various purposes such as travel abroad, loans, benefit claim, terminal leave benefits claim, last salary and reference document for employment application.

|                                                                                                                                |                                                                                                                                                                             |                                                                                                   |                        |                                       |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                   | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION                                                                                               |                                                                                                   |                        |                                       |
| <b>CLASSIFICATION:</b>                                                                                                         | Complex                                                                                                                                                                     |                                                                                                   |                        |                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                               | G2C – Government to Citizen                                                                                                                                                 |                                                                                                   |                        |                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                          | Resigned / separated employees of the City Government of Antipolo                                                                                                           |                                                                                                   |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                               |                                                                                                                                                                             | <b>WHERE TO SECURE</b>                                                                            |                        |                                       |
| 1. Duly accomplished Request Slip – 1 original copy<br>2. Any government-issued ID card – Original (For Verification purposes) |                                                                                                                                                                             | - CHRDO<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                        |                                       |
| <b>CLIENT STEPS</b>                                                                                                            | <b>AGENCY ACTION</b>                                                                                                                                                        | <b>FEES TO BE PAID</b>                                                                            | <b>PROCESSING TIME</b> | <b>PERSONNELS POSSIBLE</b>            |
| 1. Secure Order of Payment                                                                                                     | 1. Issue Order of Payment                                                                                                                                                   | None                                                                                              | 5 minutes              | CHRDO personnel at the receiving area |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment.                            | 2. Accept the payment based on the Order of Payment.                                                                                                                        | PHP10.00 per copy / page                                                                          | 3 minutes              | Revenue Collection Clerk              |
| 2.1 Secure Official Receipt.                                                                                                   | 2.1 Issue the Official Receipt.                                                                                                                                             | None                                                                                              |                        |                                       |
| 3. Return to CHRDO and show the Official Receipt.                                                                              | 2. Check the Official Receipt and forward to assigned personnel.                                                                                                            | None                                                                                              | 2 minutes              | CHRDO personnel at the receiving area |
| 4. None                                                                                                                        | 4. Prepare the Clearance from Money, Property and Work Accountability and release to the applicant to secure his/her signature and the signature of his/her Department Head | None                                                                                              | 15 minutes             | Records and Benefits Division Staff   |

|                                                                                 |                                                                                                                                                                                                                                          |                                 |                           |                                     |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|-------------------------------------|
| 4.1 Receive the Clearance from work, money and property accountability          | 4.1 Advise the applicant to affix his/her signature and return to the CHRDO once the signature of his/her Department Head was secured                                                                                                    | None                            | 5 minutes                 | Administrative Staff                |
| 4.2 Return the Clearance with the signature to the CHRDO                        | 4.2 Receive the Clearance and forward to assigned personnel                                                                                                                                                                              | None                            | 5 minutes                 |                                     |
| 4.3 None                                                                        | 4.3 Transmit the same to the following offices for signing.<br>3. City Procurement Services Office<br>4. Office of the City Accountant<br>5. City Treasurer's Office<br>6. City Legal Office<br>7. ACGECO<br>8. Office of the City Mayor | None                            | 6 days                    | Heads of Offices concerned          |
| 4.4 Receive notification from CHRDO as to the date of release of the Clearance. | 4.4 Notify the client thru call or text message as to the date of release of the Clearance.                                                                                                                                              | None                            | 5 minutes                 | Records and Benefits Division Staff |
| 5. On the specified date, return to CHRDO and secure the Clearance              | 5. Release the clearance from work, money and property accountability to the applicant                                                                                                                                                   | None                            | 5 minutes                 | Records and Benefits Division Staff |
|                                                                                 | <b>TOTAL:</b>                                                                                                                                                                                                                            | <b>PHP10.00 per copy / page</b> | <b>6 days, 45 minutes</b> |                                     |

## 9. PROCEDURE FOR FILING COMPLAINTS

The City Government of Antipolo, through the City Human Resource Development Office, attends to the concerns/complaints of the client pertaining to the services extended by the offices/personnel of the agency.

### A.EMAIL/ONLINE PROCEDURE

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                         | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>PERSONNEL DEVELOPMENT DIVISION - PUBLIC ASSISTANCE AND<br>COMPLAINT DESK (PDD-PACD) |                      |                                  |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                               | Simple                                                                                                                        |                      |                                  |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                                   |                      |                                  |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                | All                                                                                                                           |                      |                                  |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                            |                                                                                                                               | WHERE TO SECURE      |                                  |                       |
| 1. Letter of complaint submitted by email to <a href="mailto:sumbongmokaymayor@gmail.com">sumbongmokaymayor@gmail.com</a> indicating the following information, among others:<br>a. name of the complainant<br>b. contact number/email address<br>c. the details of the act/s complained of<br>d. other supporting documents/evidence, if applicable |                                                                                                                               | - Complainant/Client |                                  |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                         | AGENCY ACTION                                                                                                                 | FEES TO<br>BE PAID   | PROCESSING<br>TIME               | PERSON<br>RESPONSIBLE |
| 1. Send a Letter of Complaint via email to the designated email address.                                                                                                                                                                                                                                                                             | 1.Acknowledge the email and draft the corresponding indorsement letter.                                                       | None                 | 5 minutes                        | PDD Staff             |
| 2. None.                                                                                                                                                                                                                                                                                                                                             | 2. Review and sign the indorsement letter.                                                                                    | None                 | 5 minutes                        | HRDO Head             |
| 3. None                                                                                                                                                                                                                                                                                                                                              | 3.Monitor the status and action/s taken of the concerned office within 3 working days following the referral date.            | None                 | 3 Days                           | PDD Staff             |
| 4.Receive feedback on the status of the filed complaint.                                                                                                                                                                                                                                                                                             | 4.Email the complainant on the actions taken of the concerned office.                                                         | None                 | 10 minutes                       | PDD Staff             |
|                                                                                                                                                                                                                                                                                                                                                      | <b>TOTAL:</b>                                                                                                                 | <b>None</b>          | <b>3 days and<br/>20 minutes</b> |                       |



## B.WALK-IN PROCEDURES

The City Government of Antipolo, through the City Human Resource Development Office, attends to the concerns/complaints of the client pertaining to the services extended by the offices/personnel of the agency.

|                                                                                                                                                                                                                                          |                                                                                                                               |                                                                                                                                                                                                        |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                             | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>PERSONNEL DEVELOPMENT DIVISION - PUBLIC ASSISTANCE AND<br>COMPLAINT DESK (PDD-PACD) |                                                                                                                                                                                                        |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                   | Simple                                                                                                                        |                                                                                                                                                                                                        |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                         | G2C – Government to Citizen                                                                                                   |                                                                                                                                                                                                        |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                    | All                                                                                                                           |                                                                                                                                                                                                        |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                         |                                                                                                                               | <b>WHERE TO SECURE</b>                                                                                                                                                                                 |                            |                               |
| 2. For walk-in clients:<br>a. Duly accomplished PACD complaint form<br>b. Valid ID of the complainant<br>c. Supporting documents/evidence, if available<br>d. Authorization letter (if the complainant is represented by another person) |                                                                                                                               | <ul style="list-style-type: none"> <li>- Public Assistance and Complaint Desk</li> <li>- Complainant/Client</li> <li>- Complainant/Client or Concerned Office</li> <li>- Complainant/Client</li> </ul> |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                      | <b>AGENCY ACTION</b>                                                                                                          | <b>FEES TO<br/>BE PAID</b>                                                                                                                                                                             | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1.Fill out the PACD Complaint Form with complete details of the client's profile and submit the form to the PACD personnel.                                                                                                              | 1. Interview the client to obtain details of the assistance needed and record the information in the PACD Form.               | None                                                                                                                                                                                                   | 10 minutes                 | PACD Officer                  |
| 2.None                                                                                                                                                                                                                                   | 2. Assist the client and refer them to the concerned division/office.                                                         | None                                                                                                                                                                                                   | 10 minutes                 | PACD Officer                  |
| 3.Receive feedback                                                                                                                                                                                                                       | 3.Record the action taken and provide feedback to the client.                                                                 | None                                                                                                                                                                                                   | 10 minutes                 | PACD Officer                  |
| <b>TOTAL:</b>                                                                                                                                                                                                                            |                                                                                                                               |                                                                                                                                                                                                        | <b>30 minutes</b>          |                               |

## 10 .ISSUANCE OF CERTIFICATION AND CERTIFIED TRUE COPIES OF PERSONNEL RECORDS FOR FILING OF CIVIL SERVICE ELIGIBILITY - PREFERENCE RATING

Certified True Copies of Appointment/Contract, Certified True Copy of Report on Appointment Issued with Attestation, and Certified True Copies of the Performance Evaluations for the last two rating periods are requested by resigned or separated employees with at least ten (10) years of government service as documentary requirements for filing their application for Career Service Eligibility – Preference Rating.

|                                                                                                                                             |                                                                                                                                   |                            |                            |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|---------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION                                                     |                            |                            |                                       |
| <b>CLASSIFICATION:</b>                                                                                                                      | Complex                                                                                                                           |                            |                            |                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                            | G2C – Government to Citizen                                                                                                       |                            |                            |                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                       | Resigned / separated employees of the City Government of Antipolo                                                                 |                            |                            |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                            |                                                                                                                                   | <b>WHERE TO SECURE</b>     |                            |                                       |
| 1. Request letter                                                                                                                           |                                                                                                                                   | - Applicant                |                            |                                       |
| 2. Any government-issued ID card – Original (For verification purposes only)                                                                |                                                                                                                                   |                            |                            |                                       |
| 3. Printed copy of the Report of Rating                                                                                                     |                                                                                                                                   | - CSC Website              |                            |                                       |
|                                                                                                                                             |                                                                                                                                   |                            |                            |                                       |
| <b>CLIENT STEPS</b>                                                                                                                         | <b>AGENCY ACTION</b>                                                                                                              | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>         |
| 1. Submit a written request for Certification and Certified True Copies, together with a copy of the Report of Rating from the CSC website. | 1. Receive and log the request and verify the completeness of documents and employee details.                                     | None                       | 5 minutes                  | CHRDO personnel at the receiving area |
| 2. None                                                                                                                                     | 2. Retrieve the latest two (2) IPCR ratings to confirm that the employee obtained at least a Very Satisfactory performance rating | None                       | 1 day                      | Records staff                         |
| 3. None                                                                                                                                     | 3. Retrieve Appointment/Contract records from files/archives covering up to ten (10) years of service.                            | None                       | 15 days                    | Records staff                         |
| 4. None                                                                                                                                     | 4. Retrieve the corresponding Reports on Appointment Issued with Attestation for the retrieved appointments.                      | None                       | 15 days                    | Records staff                         |

|         |                                                                                      |             |                               |               |
|---------|--------------------------------------------------------------------------------------|-------------|-------------------------------|---------------|
| 5. None | 5. Prepare the Certified True Copies of Appointment/Contract, IPCR and Attested RAI. | None        | 1 day                         | Records staff |
| 6. None | 6. Prepare the Certification on Actual Services Rendered in the agency.              | None        | 1 day                         | Records staff |
| 7. None | 7. Route documents for review and signature of the HRDO Head.                        | None        | 1 day                         | Admin staff   |
| 8. None | 8. Release certification and certified true copies and record in logbook.            | None        | 10 minutes                    | Admin staff   |
|         | <b>TOTAL:</b>                                                                        | <b>None</b> | <b>34 days and 15 minutes</b> |               |



# **City Human Resource Development Office (Internal Services)**



## 1.APPLICATION FOR LEAVE

In accordance with Civil Service Commission Memorandum Circular No. 41, s. 1998 and CSC MC. No. 6, s. 2002 re: Omnibus Rules on Leave, incurred leave/s shall immediately filed at the City Human Resource Development Office of the agency.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION |                                                                                                                                                          |                 |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simple Transaction                                                            |                                                                                                                                                          |                 |                                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2G – Government to Government                                                |                                                                                                                                                          |                 |                                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Active employees of the City Government of Antipolo                           |                                                                                                                                                          |                 |                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               | WHERE TO SECURE                                                                                                                                          |                 |                                           |
| <ul style="list-style-type: none"> <li>- Sick Leave - (upon return to the office)<br/>Duly accomplished Application for Leave Form<br/>Medical Certificate (Original copy) - for 5 days or more</li> <li>• Vacation Leave - (5 days in advance)<br/>Duly accomplished Application for Leave Form</li> <li>• Special Privilege Leave - (1 week in advance)<br/>Duly accomplished Application for Leave Form</li> <li>• Maternity Leave - (before or after delivery)<br/>Duly accomplished Application for Leave Form<br/>Medical Certificate and Birth Certificate</li> <li>• Paternity Leave - (after delivery)<br/>Duly accomplished Application for Leave Form<br/>Marriage Contract &amp; Birth Certificate</li> <li>• Solo Parent Leave - (5 days in advance)<br/>Duly accomplished Application for Leave Form<br/>Solo Parent ID</li> <li>• Study Leave - (3 months before the scheduled date)<br/>Duly accomplished Application for Leave Form<br/>Memorandum of Agreement</li> <li>• Rehabilitation Leave - (1 week from the time of the accident)<br/>Duly accomplished Application for Leave Form<br/>Medical Certificate</li> <li>• Special Leave Benefits for Women - (5 days in advance)<br/>Duly accomplished Application for Leave Form<br/>Medical Certificate and Clinical Abstract</li> <li>- Wellness Leave - (1 week in advance)<br/>5 days in a year (3 consecutive days can be use)<br/>Duly accomplished Application for Leave Form</li> </ul> |                                                                               | <ul style="list-style-type: none"> <li>- City Human Resource Development Office</li> <li>- <a href="http://www.csc.gov.ph">www.csc.gov.ph</a></li> </ul> |                 |                                           |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AGENCY ACTION                                                                 | FEES TO BE PAID                                                                                                                                          | PROCESSING TIME | PERSON RESPONSIBLE                        |
| 1. Submit the Leave application form to the CHRDO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. Receive and check the form.                                                | None                                                                                                                                                     | 2 minutes       | CHRDO<br>Administrative<br>Division Staff |

|                                                                            |                                                                                                                                                    |             |                   |                                           |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-------------------------------------------|
| 1.1 None                                                                   | 1.1 Forward the Leave application form to the Records and Leave Benefits Division.                                                                 |             | 2 minutes         | Administrative Division Staff             |
| 1.2 None                                                                   | 1.2 Record the Leave application form in the Leave Tracker Log, secure the leave card, and forward to leave benefits division staff for processing |             | 7 minutes         | Records and Leave Benefits Division       |
| 1.3 None                                                                   | 1.3 Process the submitted leave application                                                                                                        |             | 10 minutes        | Records and Leave Benefits Division Staff |
| 1.4 None                                                                   | 1.4 Sign the processed application for leave                                                                                                       |             | 3 minutes         | CHRDO Head                                |
| 1.5 None                                                                   | 1.5 Forward the processed and signed leave applications to the City Administrator/ Vice Mayor/ City Mayor for signature                            |             | 5 minutes         | Administrative Division Staff             |
| 1.6 None                                                                   | 1.6 Receive the completely signed leave application form and forward to the Records and Leave Benefits Division                                    |             | 2 minutes         | Administrative Division Staff             |
| 1.7 None                                                                   | 1.7 File the accomplished leave application form and provide copy to personnel or department for attachment                                        |             | 3 minutes         | Records and Leave Benefits Division Staff |
| 2. Sign in the Release Logbook and receive the copy of the approved leave. | 2. Furnish the office of the concerned employee with a copy of the approved leave                                                                  |             | 5 minutes         | Records and Leave Benefits Division Staff |
|                                                                            | <b>TOTAL:</b>                                                                                                                                      | <b>None</b> | <b>39 minutes</b> |                                           |

## 2. APPLICATION FOR MONETIZATION OF LEAVE CREDITS OF PUNONG BARANGAY

In accordance with Civil Service Commission Memorandum Circular No. 41, s. 1998 and CSC MC. No. 6, s. 2002 re: Omnibus Rules on Leave, Punong Barangay may file for the monetization of leave credits.

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                                                                              |                            |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                            | CITY HUMAN RESOURCE DEVELOPMENT OFFICE RECORDS<br>AND LEAVE BENEFITS DIVISION                                  |                                                                                                                              |                            |                                                 |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                  | Simple Transaction                                                                                             |                                                                                                                              |                            |                                                 |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                        | G2G – Government to Government                                                                                 |                                                                                                                              |                            |                                                 |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                   | Punong Barangay                                                                                                |                                                                                                                              |                            |                                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | <b>WHERE TO SECURE</b>                                                                                                       |                            |                                                 |
| <ol style="list-style-type: none"> <li>1. Letter of Intent</li> <li>2. Duly accomplished Leave Application Form (CSC Form No. 6) - 2 original copies</li> <li>3. Certificate of no filed leave signed by Barangay Secretary and Barangay Treasurer</li> <li>4. Certificate of attendance to all regular Barangay Council Sessions for the year, signed by Barangay Secretary</li> </ol> |                                                                                                                | <ul style="list-style-type: none"> <li>- Applicant</li> <li>- Applicant</li> <li>- Applicant</li> <li>- Applicant</li> </ul> |                            |                                                 |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                                           | <b>FEES TO<br/>BE PAID</b>                                                                                                   | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>                   |
| 1. Submit the required document                                                                                                                                                                                                                                                                                                                                                         | 1. Receive the documents submitted.                                                                            | None                                                                                                                         | 5 minutes                  | CHRDO<br>Administrative<br>Division Staff       |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                | 1.1 Forward the to the personnel in-charge                                                                     |                                                                                                                              | 2 minutes                  | CHRDO<br>Administrative<br>Division Staff       |
| 1.2 None                                                                                                                                                                                                                                                                                                                                                                                | 1.2 Review and verify the completeness and accuracy of the submitted documents.                                |                                                                                                                              | 20 minutes                 | Records and<br>Leave Benefits<br>Division Staff |
| 1.3 None                                                                                                                                                                                                                                                                                                                                                                                | 1.3 Forward the reviewed documents and secure the initial of the Department Head on the Leave application Form |                                                                                                                              | 2 minutes                  | Records and Leave<br>Benefits Division<br>Staff |
| 1.4 None                                                                                                                                                                                                                                                                                                                                                                                | 1.4 Affix initials on the leave application form and forward the documents at the Office of the Head of Agency |                                                                                                                              | 7 minutes                  | Department Head<br>and Administrative<br>Staff  |
| 1.5 None                                                                                                                                                                                                                                                                                                                                                                                | 1.5 Receive the documents and secure the signature of the Head of Agency                                       |                                                                                                                              | 2 days                     | Office of the Head<br>of Agency                 |

|                                                                            |                                                                                                 |             |                          |                              |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|--------------------------|------------------------------|
| 1.6 None                                                                   | 1.6 Forward the signed documents to the HR Office for releasing                                 |             | 10 minutes               | Office of the Head of Agency |
| 1.7 None                                                                   | 1.7 Receive the documents and coordinate with the Barangay Staff to pick up the signed document |             | 5 minutes                | CHRDO Administrative Staff   |
| 2. Sign in the receiving copy and receive the application for monetization | 2. Release the Application for Monetization                                                     |             | 5 minutes                | CHRDO Administrative Staff   |
|                                                                            | <b>TOTAL:</b>                                                                                   | <b>None</b> | <b>2 days 57 minutes</b> |                              |



### 3.ISSUANCE OF AUTHORITY TO ATTEND SEMINAR/TRAINING

Authority to Attend Seminar/Training is requested by employees prior to their attendance to seminar/conferences as supporting documents for claiming travel and training allowances.

|                                                                                                                   |                                                                                         |                                                                                                                     |                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                      | CITY HUMAN RESOURCE DEVELOPMENT OFFICE/<br>PERSONNEL DEVELOPMENT DIVISION (PDD)         |                                                                                                                     |                                 |                                    |
| <b>CLASSIFICATION:</b>                                                                                            | Simple Transaction                                                                      |                                                                                                                     |                                 |                                    |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                  | G2G – Government to Government                                                          |                                                                                                                     |                                 |                                    |
| <b>WHO MAY AVAIL:</b>                                                                                             | Officials, Regular and Casual employees employees of the City<br>Government of Antipolo |                                                                                                                     |                                 |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                  |                                                                                         | <b>WHERE TO SECURE</b>                                                                                              |                                 |                                    |
| 1. Request Letter<br>2. Recommendation Letter from<br>Department Head<br>3. Invitation Letter of Seminar/Training |                                                                                         | - Concerned Employee<br>- Office where the employee is assigned<br>- Seminar Organizer/Training<br>Service Provider |                                 |                                    |
| <b>CLIENT STEPS</b>                                                                                               | <b>AGENCY ACTION</b>                                                                    | <b>FEES TO<br/>BE PAID</b>                                                                                          | <b>PROCESSIN<br/>G<br/>TIME</b> | <b>PERSON<br/>RESPONSIBL<br/>E</b> |
| 1. Submit requirements to the CHRDO.                                                                              | 1. Receive and check the requirements                                                   | None                                                                                                                | 5 minutes                       | Administrative Division Staff      |
| 1.1 Receive advice for feedback.                                                                                  | 1.1 Advise the client to expect a call from a PDD staff for feedback purposes.          | None                                                                                                                |                                 |                                    |
| 1.2 None                                                                                                          | 1.2 Forward the documents to the PDD Division                                           | None                                                                                                                |                                 |                                    |
| 2. None                                                                                                           | 2. Prepare the Authorization Letter.                                                    | None                                                                                                                | 1 day                           | PDD Staff                          |
| 2.1 None                                                                                                          | 2.1 Review and sign the Authorization Letter.                                           | None                                                                                                                |                                 | CHRDO Head                         |
| 2.2 None                                                                                                          | 2.2 Sign the Authorization letter                                                       | None                                                                                                                | 1 day                           | Authorized official                |
| 2.3 Receive feedback on the status of request                                                                     | 2.3 Call/Email the concerned employee for the feedback on request                       | None                                                                                                                |                                 | PDD Staff                          |
| 3. Sign in the Release Log Book and receive the requested authorization.                                          | 3. Issue the Authority to Attend Seminar/Training.                                      | None                                                                                                                | 3 minutes                       | Administrative Division Staff      |
|                                                                                                                   | <b>TOTAL:</b>                                                                           | <b>None</b>                                                                                                         | <b>2 days and 8 minutes</b>     |                                    |

#### 4. ISSUANCE OF AUTHORITY TO TRAVEL ABROAD

Pursuant to DILG Memorandum Circular No. 2019-83, officials and employees shall secure an Authority to Travel Abroad whether for official business or personal/private travel.

|                                                                                                                                                                                                                        |                                                                                                                                                                                      |                                                      |                        |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                           | CITY HUMAN RESOURCE DEVELOPMENT OFFICE (CHRDO)/ RECORDS AND LEAVE BENEFITS DIVISION                                                                                                  |                                                      |                        |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                 | Simple Transaction                                                                                                                                                                   |                                                      |                        |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                           | G2G – Government to Government                                                                                                                                                       |                                                      |                        |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                  | Active employees of the City Government of Antipolo                                                                                                                                  |                                                      |                        |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                       |                                                                                                                                                                                      | <b>WHERE TO SECURE</b>                               |                        |                               |
| 1. Letter request addressed to the City Mayor<br>2. Duly accomplished leave application form<br>3. Clearance from Money, Property and Work Accountability<br>4. Notarized Declaration of Pendency/Non-pendency of case |                                                                                                                                                                                      | 1. Applicant<br>2. CHRDO<br>3. CHRDO<br>4. Applicant |                        |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                    | <b>AGENCY ACTION</b>                                                                                                                                                                 | <b>FEES TO BE PAID</b>                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit requirements to the CHRDO                                                                                                                                                                                    | 1. Receive the document                                                                                                                                                              | None                                                 | 5 minutes              | Administrative Division Staff |
| 1.1 Receive advice for feedback.                                                                                                                                                                                       | 1.1 Advise the client to expect a call for feedback purposes.                                                                                                                        | None                                                 |                        |                               |
| 1.2 None.                                                                                                                                                                                                              | 1.2 Forward the documents to the Records and Benefits Staff                                                                                                                          | None                                                 |                        |                               |
| 2. None.                                                                                                                                                                                                               | 2. Check the requirements                                                                                                                                                            |                                                      | 5 minutes              | Records and Benefits Staff    |
| 2.1 None.                                                                                                                                                                                                              | 2.1 Prepare the Travel Authority                                                                                                                                                     |                                                      | 10 minutes             |                               |
| 2.2 None.                                                                                                                                                                                                              | 2.2 Forward the Travel Authority to the Office of the City Administrator for initial of the Acting City Administrator and to the Office of the City Mayor for signature of the Mayor |                                                      | 1 day                  |                               |
| 2.3 Receive feedback on the status of the request.                                                                                                                                                                     | 2.3 Document return from the Office of the City Mayor, inform the client on the release of the Travel Authority.                                                                     |                                                      |                        |                               |

|                                                                     |                                  |             |                             |                               |
|---------------------------------------------------------------------|----------------------------------|-------------|-----------------------------|-------------------------------|
| - Receive the document.                                             | 3. Release the Travel Authority. | None        | 3 minutes                   | Administrative Division staff |
| The process flow is not the same when State of Calamity is declared | <b>TOTAL:</b>                    | <b>None</b> | <b>1 day and 23 minutes</b> |                               |

## 5.ISSUANCE OF PAYSリップ

The HRDO provides employees with a copy of their payslip reflecting their salary, deductions, and other payroll details for a specific payroll period

Payslip is requested by active employees as supporting documents for various purposes such as loans, benefit claims, and as reference documents

|                                                                                                                      |                                                                                                              |                                                          |                                 |                               |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                         | CITY HUMAN RESOURCE DEVELOPMENT OFFICE (CHRDO) /<br>RECORDS AND LEAVE BENEFITS DIVISION                      |                                                          |                                 |                               |
| <b>CLASSIFICATION:</b>                                                                                               | Simple Transaction                                                                                           |                                                          |                                 |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                     | G2G – Government to Government                                                                               |                                                          |                                 |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                | Active employees of the City Government of Antipolo                                                          |                                                          |                                 |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                     |                                                                                                              | <b>WHERE TO SECURE</b>                                   |                                 |                               |
| 1. Request form for payslip(Order of Payment)<br>2. Valid Employee ID<br>3. Authorization letter (if representative) |                                                                                                              | -CHRDO<br>-Employee (applicant)<br>-Employee (applicant) |                                 |                               |
| <b>CLIENT STEPS</b>                                                                                                  | <b>AGENCY ACTION</b>                                                                                         | <b>FEES TO<br/>BE PAID</b>                               | <b>PROCESSIN<br/>G<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure Order of Payment                                                                                           | 1. Issue Order of payment.                                                                                   | None                                                     | 1 minute                        | Administrative Division Staff |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment.                  | 2. Accept the payment based on the Order of Payment.                                                         | PHP10.00 per copy / page                                 | 10 minutes                      | Revenue Collection Clerk      |
| 2.1 Secure Official Receipt.                                                                                         | 2.1 Issue the Official Receipt.                                                                              |                                                          |                                 |                               |
| 3. Return to CHRDO and submit the Order of payment with attached Official Receipt.                                   | 3. Receive the Order of Payment with the Official Receipt attached in it and forward to Payroll Section.     | None                                                     | 1 minute                        | Administrative Division Staff |
|                                                                                                                      | 3.1 Prepare the payslip requested, record in the monitoring log and forward to Administrative Division Staff |                                                          | 10 minutes                      |                               |

|                         |                        |             |                   |                                  |
|-------------------------|------------------------|-------------|-------------------|----------------------------------|
| 4. Receive the payslip. | 4. Release the Payslip | None        | 1 minute          | Administrative<br>Division staff |
|                         | <b>TOTAL:</b>          | <b>None</b> | <b>23 minutes</b> |                                  |

## 6.ISSUANCE OF CERTIFICATE OF EMPLOYMENT AND SERVICE RECORD

Certificates of Employment and Service Record are requested by active employees as supporting documents for various purposes such as loans, benefit claims, and as reference documents for employment application.

| <b>OFFICE/<br/>DIVISION:</b>                                                                        | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION                                         |                          |                 |                               |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|-------------------------------|
| <b>CLASSIFICATION:</b>                                                                              | Simple Transaction                                                                                                    |                          |                 |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                    | G2G – Government to Government                                                                                        |                          |                 |                               |
| <b>WHO MAY AVAIL:</b>                                                                               | Active employees of the City Government of Antipolo                                                                   |                          |                 |                               |
| CHECKLIST OF REQUIREMENTS                                                                           |                                                                                                                       | WHERE TO SECURE          |                 |                               |
| 1. Purpose of request                                                                               |                                                                                                                       | - Applicant              |                 |                               |
| CLIENT STEPS                                                                                        | AGENCY ACTION                                                                                                         | FEES TO BE PAID          | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Secure Order of Payment                                                                          | 1. Issue Order of payment.                                                                                            | None                     | 2 minutes       | Administrative Division Staff |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment. | 2. Accept the payment based on the Order of Payment.                                                                  | PHP10.00 per copy / page | 10 minutes      | Revenue Collection Clerk      |
| 2.1 Secure Official Receipt.                                                                        | 2.1 Issue the Official Receipt.                                                                                       | None                     |                 |                               |
| 3. Return to CHRDO and submit the Order of payment with attached Official Receipt.                  | 3. Receive the Order of Payment with the Official Receipt attached in it and forward to Records and benefits assigned | None                     | 2 minutes       | Administrative Division Staff |

|                                    |                                                                                                                                          |      |            |                                     |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------|------------|-------------------------------------|
| 3.1 None                           | 3.1 Prepare the document requested, record in the monitoring log and forward to Administrative Staff for the signature of the CHRDO Head | None | 30 minutes | Records and Benefits Division Staff |
| 3.2 None                           | 3.2 Check and Sign the documents.                                                                                                        | None | 5 minutes  | CHRDO Head                          |
| 3.3 Secure the requested documents | 3.3. Release the requested document and record in the monitoring log date/time of release                                                | None | 3 minutes  | Administrative Staff                |

|  |               |                                             |                       |  |
|--|---------------|---------------------------------------------|-----------------------|--|
|  | <b>TOTAL:</b> | <b>PHP10.00<br/>per<br/>copy /<br/>page</b> | <b>52<br/>minutes</b> |  |
|--|---------------|---------------------------------------------|-----------------------|--|

## 7. ISSUANCE OF CERTIFIED TRUE COPIES OF APPOINTMENT

Certified True Copies of Appointment are requested by active employees as supporting documents for various purposes such as loans, benefit claims, and as reference documents for employment application.

| <b>OFFICE/<br/>DIVISION:</b>                                                                        | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION                                                            |                          |                    |                                     |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------------------------|
| <b>CLASSIFICATION:</b>                                                                              | Simple Transaction                                                                                                                       |                          |                    |                                     |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                    | G2G – Government to Government                                                                                                           |                          |                    |                                     |
| <b>WHO MAY AVAIL:</b>                                                                               | Active employees of the City Government of Antipolo                                                                                      |                          |                    |                                     |
| CHECKLIST OF REQUIREMENTS                                                                           |                                                                                                                                          | WHERE TO SECURE          |                    |                                     |
| 1. Request letter                                                                                   |                                                                                                                                          | - Applicant              |                    |                                     |
| CLIENT STEPS                                                                                        | AGENCY ACTION                                                                                                                            | FEES TO<br>BE PAID       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE               |
| 1. Secure Order of Payment                                                                          | 1. Issue Order of payment.                                                                                                               | None                     | 2 minutes          | Administrative Division Staff       |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment. | 2. Accept the payment based on the Order of Payment.                                                                                     | PHP10.00 per copy / page | 10 minutes         | Revenue Collection Clerk            |
| 2.1 Secure Official Receipt.                                                                        | 2.1 Issue the Official Receipt.                                                                                                          | None                     |                    |                                     |
| 3. Return to CHRDO and submit the Order of payment with attached Official Receipt.                  | 3. Receive the Order of Payment with the Official Receipt attached in it and forward to Records and benefits assigned                    | None                     | 2 minutes          | Administrative Division Staff       |
| 3.1 None                                                                                            | 3.1 Prepare the document requested, record in the monitoring log and forward to Administrative Staff for the signature of the CHRDO Head | None                     | 30 minutes         | Records and Benefits Division Staff |



| CLIENT STEPS | AGENCY ACTION                                                                             | FEES TO BE PAID                       | PROCESSING TIME      | PERSON RESPONSIBLE            |
|--------------|-------------------------------------------------------------------------------------------|---------------------------------------|----------------------|-------------------------------|
|              | 3.2 Check and Sign the documents.                                                         | None                                  | 5 minutes            | CHRDO Head                    |
|              | 3.3. Release the requested document and record in the monitoring log date/time of release | None                                  | 3 minutes            | Administrative Division Staff |
|              | <b>TOTAL:</b>                                                                             | <b>PHP10.00</b><br>per copy<br>/ page | <b>52</b><br>minutes |                               |

## 8. ISSUANCE OF CLEARANCE FROM MONEY, PROPERTY AND WORK ACCOUNTABILITY

Clearance from Money, Property and Work Accountability is requested by active employees as supporting documents for various purposes such as travel abroad, loans, benefit claim, terminal leave benefits claim, last salary and reference document for employment application.

| <b>OFFICE/<br/>DIVISION:</b>                                                                        | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION                                                                                               |                          |                    |                                     |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-------------------------------------|
| <b>CLASSIFICATION:</b>                                                                              | Complex                                                                                                                                                                     |                          |                    |                                     |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                    | G2G – Government to Government                                                                                                                                              |                          |                    |                                     |
| <b>WHO MAY AVAIL:</b>                                                                               | Active employees of the City Government of Antipolo                                                                                                                         |                          |                    |                                     |
| CHECKLIST OF REQUIREMENTS                                                                           |                                                                                                                                                                             | WHERE TO SECURE          |                    |                                     |
| 1. Purpose of request                                                                               |                                                                                                                                                                             | - Applicant              |                    |                                     |
| CLIENT STEPS                                                                                        | AGENCY ACTION                                                                                                                                                               | FEES TO<br>BE PAID       | PROCESSING<br>TIME | PERSONS<br>POSSIBLE                 |
| 1. Secure Order of Payment                                                                          | 1. Issue Order of Payment.                                                                                                                                                  | None                     | 5 minutes          | Administrative Staff                |
| 2. Pay the required fees at the City Treasurer's Office– Window 11 by showing the Order of Payment. | 2. Accept the payment based on the Order of Payment.                                                                                                                        | PHP10.00 per copy / page | 3 minutes          | Revenue Collection Clerk            |
| 2.1 Secure Official Receipt.                                                                        | 2.1 Issue the Official Receipt.                                                                                                                                             | None                     |                    |                                     |
| 3. Return to CHRDO and submit the Order of payment attached to the official receipt                 | 3. Receive and check the order of payment attached in the Official Receipt and forward the same to the personnel in-charge                                                  | None                     | 2 minutes          | Administrative Staff                |
| 4. None                                                                                             | 4. Prepare the Clearance from Money, Property and Work Accountability and release to the applicant to secure his/her signature and the signature of his/her Department Head | None                     | 15 minutes         | Records and Benefits Division Staff |

|                                                                                                           |                                                                                                                                                                                                                                          |                                 |                           |                                     |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|-------------------------------------|
| 4.1 Receive the Clearance from work, money and property accountability                                    | 4.1 Advise the applicant to affix his/her signature and return to the CHRDO once the signature of his/her Department Head was secured                                                                                                    | None                            | 5 minutes                 | Administrative Staff                |
| 4.2 Return the Clearance with the signature to the CHRDO                                                  | 4.2 Receive the Clearance and forward to assigned personnel                                                                                                                                                                              | None                            | 5 minutes                 |                                     |
| 4.3 None                                                                                                  | 4.3 Transmit the same to the following offices for signing.<br>a. City Procurement Services Office<br>b. Office of the City Accountant<br>c. City Treasurer's Office<br>d. City Legal Office<br>e. ACGECO<br>f. Office of the City Mayor | None                            | 6 days                    | Heads of Offices concerned          |
| 4.4 Receive notification from CHRDO as to the date of release of the Clearance.                           | 4.4 Notify the client thru call or text message as to the date of release of the Clearance.                                                                                                                                              | None                            | 5 minutes                 | Records and Benefits Division Staff |
| 5. On the specified date, return to CHRDO and secure the Clearance after signing in the Release Log Book. | 5. Request the client to sign in the Release Log Book and issue the Clearance.                                                                                                                                                           | None                            | 5 minutes                 | Records and Benefits Division Staff |
|                                                                                                           | <b>TOTAL:</b>                                                                                                                                                                                                                            | <b>PHP10.00 per copy / page</b> | <b>6 days, 45 minutes</b> |                                     |

## 9. REQUEST FOR EXTENSION OF SERVICE (RETIREMENT / 15 YEARS FOR GSIS)

Processes requests for extension of service of City Government employees who have reached the compulsory retirement age or who need to complete the required fifteen (15) years of service to qualify for benefits under the GSIS Law, in accordance with applicable Civil Service Commission (CSC) rules and regulations.

|                                  |                                                                                                                                                                           |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | CITY HUMAN RESOURCE DEVELOPMENT OFFICE/<br>Recruitment and Appointments Division                                                                                          |
| <b>CLASSIFICATION:</b>           | Simple Transaction                                                                                                                                                        |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2G – Government to Government                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>            | City Government employees who have reached compulsory retirement age or those who need to complete fifteen (15) years of service to qualify for GSIS retirement benefits. |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                          | WHERE TO SECURE                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. Letter of Request for Extension of Service – <b>1 original copy</b>                                                                                                                                                                                             | - Applicant                                                                                              |
| 2. Certification issued by a licensed private or government physician stating that the employee is mentally and physically fit to perform the duties and functions of the position; issued within six (6) months from the retirement date – <b>1 original copy</b> | - Licensed Private or Government Physician                                                               |
| 3. Employee's Certificate of Live Birth – <b>1 certified true copy</b>                                                                                                                                                                                             | - Philippine Statistics Authority (PSA)                                                                  |
| 4. Clearance of no pending administrative case obtained not earlier than six (6) months prior to the date of retirement or anticipated end of the extension period                                                                                                 | - Civil Service Commission, Region IV, Panay Ave. QC., Office of the Ombudsman, and the agency concerned |
| 5. Certification of Total Length of Service (TLS) - <b>1 original copy</b>                                                                                                                                                                                         | - Government Service Insurance Service (GSIS)                                                            |
| 6. Updated Service Record – <b>1 certified true copy</b>                                                                                                                                                                                                           | - City Human Resource Development Office                                                                 |
| 7. Updated Plantilla of Personnel – <b>1 certified true copy</b>                                                                                                                                                                                                   | - City Human Resource Development Office                                                                 |
| 8. Endorsement / Justification from Head of Office – <b>1 original copy</b>                                                                                                                                                                                        | - City Human Resource Development Office                                                                 |
| 9. Proof of payment of filing fee – <b>1 copy</b>                                                                                                                                                                                                                  | - Civil Service Commission, Batasan Hills, QC                                                            |

| CLIENT STEPS                                 | AGENCY ACTION                                  | FEES TO BE PAID | PROCESSING TIME                                                                                        | PERSON RESPONSIBLE |
|----------------------------------------------|------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------|--------------------|
| 1. Submit request                            | 1. Receive and check submitted documents       | None            | 1 minutes                                                                                              | Recruitment Staff  |
| 2. Wait for evaluation                       | 2. Verify documents and prepare recommendation | None            | 3 to 5 days                                                                                            | Recruitment Staff  |
| 3. Receive notification                      | 3. Inform applicant of approval/disapproval    | None            | 1 day after approval                                                                                   | Recruitment Staff  |
| 4. Receive endorsed documents for CSC filing | 4. Release endorsed required documents         | None            |                                                                                                        | Recruitment Staff  |
|                                              | <b>TOTAL</b>                                   |                 | <b>5 days and 6 minutes<br/>(Processing time applies only up to the release of endorsed documents)</b> |                    |

## 10. APPLICATION FOR VETERANS LOAN

Processes applications for Veterans Loan of qualified City Government employees in coordination with the Philippine Veterans Bank, in accordance with existing rules, regulations, and documentary requirements of the concerned agency.

|                                  |                                                                          |
|----------------------------------|--------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | CITY HUMAN RESOURCE DEVELOPMENT OFFICE/<br>Records and Benefits Division |
| <b>CLASSIFICATION:</b>           | Simple                                                                   |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2G – Government to Government                                           |
| <b>WHO MAY AVAIL:</b>            | Permanent employees of the City Government                               |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                               | WHERE TO SECURE                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Veterans Loan Application Form</li> <li>2. Service Record</li> <li>3. Certification with Compensation</li> <li>4. ITR</li> <li>5. 3 Months Payslip</li> </ol> | <ul style="list-style-type: none"> <li>- Veterans Bank</li> <li>- HRDO</li> <li>- HRDO</li> <li>- Accounting Office</li> <li>- Applicant</li> </ul> |

| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                                                                                                                      | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                    |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|----------------------------------------------------------|
| 1. Submit the Veterans Loan Application, Service Record, and Certification of employment with Compensation | 1. Receive the document and forward to personnel in-charge                                                                                                                         | None               | 2 minutes          | Administrative Division Staff                            |
| 2. None                                                                                                    | 2. Attach CHRO verification form to be filled out by Records and Leave Benefit Division, and Payroll Division                                                                      | None               | 20 minutes         | Records and Leave Benefits Division and Payroll Division |
| 3. None                                                                                                    | 3. Fill out Veterans form (Employer Verification part) and forward the form form signature of the Authorized Administrative Officer (Ms. Ana Karen Rascano) and the Head of Office | None               | 15 minutes         | Records and Benefits Division Staff                      |
| 4. None                                                                                                    | 4. Affix signature to the form and forward to Administrative Division                                                                                                              | None               | 10 minutes         | Authorized Administrative Officer and Head of Office     |

|                                      |                                                                          |      |                   |                               |
|--------------------------------------|--------------------------------------------------------------------------|------|-------------------|-------------------------------|
| 5. Receive the loan application form | for releasing of Application<br><br>5. Release the form to the applicant | None | 3 minutes         | Administrative Division Staff |
|                                      | <b><i>TOTAL</i></b>                                                      |      | <b>50 minutes</b> |                               |

## 11. PROCESSING OF GSIS AND PAG-IBIG LOAN APPLICATIONS

Processes applications for loans of City Government employees under the Government Service Insurance System (GSIS) and Home Development Mutual Fund (Pag-IBIG Fund) in accordance with existing rules, regulations, and documentary requirements of the concerned agencies. (The cut-off time for the processing of loan applications is **1:00 PM**. Applications submitted after this time will be processed on the **next business day**).

### A. GSIS LOAN APPLICATION (ONLINE)

Processes applications for loans of City Government employees under the Government Service Insurance System (GSIS) in accordance with existing rules, regulations, and documentary requirements of the concerned agency.

|                                                   |                                                                                         |                        |                        |                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                      | Human Resource Development Office (HRDO) / Records Division (Benefits and Payroll Unit) |                        |                        |                                   |
| <b>CLASSIFICATION:</b>                            | Simple Transaction                                                                      |                        |                        |                                   |
| <b>TYPES OF TRANSACTION:</b>                      | G2C - Government to Citizen                                                             |                        |                        |                                   |
| <b>WHO MAY AVAIL:</b>                             | Permanent, casual and contractual employees eligible for GSIS loans                     |                        |                        |                                   |
| <b>CLIENT STEPS:</b>                              | <b>AGENCY ACTION</b>                                                                    | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>         |
| 1. Access GSIS Touch and submit loan application. | 1.System receives application                                                           | None                   | 5–10 minutes           | Employee                          |
| 2.                                                | 2.Verify employment status and eligibility                                              | None                   | 5 minutes              | HR/Payroll Staff                  |
| 3.Wait for employer certification                 | 3.Certify employment and approve application in GSIS portal                             | None                   | 5 minutes              | HR Officer / Authorized Signatory |



|                                       |                                            |      |                           |      |
|---------------------------------------|--------------------------------------------|------|---------------------------|------|
| 4.Wait for loan approval and release. | 4.GSIS processes and credits loan proceeds | None | 1-3 Working Days          | GSIS |
|                                       | <b>TOTAL:</b>                              |      | <b>3 Days, 20 minutes</b> |      |

## B. PAG-IBIG LOAN APPLICATION (ONLINE)

Processes applications for loans of City Government employees under the Home Development Mutual Fund (Pag-IBIG Fund) in accordance with existing rules, regulations, and documentary requirements of the concerned agency.

|                                                            |                                                                                                          |                        |                        |                           |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                               | Human Resource Development Office (HRDO) /<br>Records Division (Benefits and Payroll Unit)               |                        |                        |                           |
| <b>CLASSIFICATION:</b>                                     | Simple Transaction                                                                                       |                        |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                               | G2C - Government to Citizen                                                                              |                        |                        |                           |
| <b>WHO MAY AVAIL:</b>                                      | Permanent, casual, contractual employees, job order and contract of service eligible for Pag-IBIG loans. |                        |                        |                           |
| <b>CLIENT STEPS</b>                                        | <b>AGENCY ACTION</b>                                                                                     | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1.Access Virtual Pag-IBIG app and submit loan application. | 1.System receives application.                                                                           | None                   | 5–10 minutes           | Employee                  |
| 2.                                                         | 2.Verify employment status and eligibility                                                               | None                   | 5 minutes              | HR/Payroll Staff          |

|                                    |                                                  |      |                                 |                      |
|------------------------------------|--------------------------------------------------|------|---------------------------------|----------------------|
| 3. Wait for employer certification | 3.Certify employer portion in Pag-IBIG portal    | None | 5 minutes                       | Authorized Signatory |
| 4. Wait for loan processing        | 4.Pag-IBIG,processes loan and releases proceeds. | None | 1-3 Working Days                | Pag-IBIG             |
|                                    | <b>TOTAL:</b>                                    |      | <b>1-3 Days,<br/>20 minutes</b> |                      |

### C. PAG-IBIG LOAN APPLICATION (MANUAL / FORM)

Processes applications for loans of City Government employees under the Home Development Mutual Fund (Pag-IBIG Fund) in accordance with existing rules, regulations, and documentary requirements of the concerned agency.

| <b>OFFICE/<br/>DIVISION:</b>                                  | Human Resource Development Office (HRDO) /<br>Records Division (Benefits and Payroll Unit)              |                 |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------|
| <b>CLASSIFICATION:</b>                                        | Simple Transaction                                                                                      |                 |
| <b>TYPES OF TRANSACTION:</b>                                  | G2C - Government to Citizen                                                                             |                 |
| <b>WHO MAY AVAIL:</b>                                         | Permanent, casual, contractual employees, job order and contract of service eligible for Pag-IBIG loans |                 |
| CHECKLIST OF REQUIREMENTS                                     |                                                                                                         | WHERE TO SECURE |
| 1.Duly accomplished loan application form (for manual filing) |                                                                                                         | - HRDO Office   |
| 2.Valid ID                                                    |                                                                                                         | - Client        |
| 3.Other documents required by Pag-IBIG                        |                                                                                                         | - Client        |

| CLIENT STEPS                                           | AGENCY ACTION                                                 | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE   |
|--------------------------------------------------------|---------------------------------------------------------------|-----------------|-------------------|----------------------|
| 1.Submit accomplished Pag-IBIG loan form to HR Office. | 1.Check completeness of documents                             | None            | 5-10 minutes      | HR Staff             |
| 2. Wait for verification                               | 2. Verify employment and salary information                   | None            | 5 minutes         | Payroll Staff        |
| 3.Wait for certification                               | 3.Sign employer certification                                 | None            | 15 minutes        | Authorized Signatory |
| 4.                                                     | 4.Releasing of signed Pag-IBIG loan form to client (employee) | None            | 5 minutes         | HR Staff             |
|                                                        | <b>TOTAL:</b>                                                 |                 | <b>35 minutes</b> |                      |

## 12. REQUEST FOR COPY OF INDIVIDUAL PERFORMANCE COMMITMENT AND REVIEW (IPCR) / PERFORMANCE EVALUATION RATING

This service allows active and former employees to request a copy of their Individual Performance Commitment and Review (IPCR) or performance evaluation rating maintained in their personnel records by the Human Resource Management Office. The document may be required for promotion, employment verification, scholarship applications, retirement processing, or other official purposes.

|                                                          |                                                                         |                                                           |                                        |                                 |
|----------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------|---------------------------------|
| OFFICE/<br>DIVISION:                                     | City Human Resource Development Office<br>(Performance Management Team) |                                                           |                                        |                                 |
| CLASSIFICATION:                                          | Simple Transaction                                                      |                                                           |                                        |                                 |
| TYPES OF<br>TRANSACTION:                                 | G2C-Government to Citizen<br>G2G-Government to Government               |                                                           |                                        |                                 |
| WHO MAY AVAIL:                                           | Active Employees<br>Former Employees<br>Authorized Representatives      |                                                           |                                        |                                 |
| CHECKLIST OF REQUIREMENTS                                |                                                                         | WHERE TO SECURE                                           |                                        |                                 |
| Request Letter                                           |                                                                         | Requesting Party<br>Requesting Employee / Former Employee |                                        |                                 |
| One (1) Valid Government-issued ID                       |                                                                         |                                                           |                                        |                                 |
| Authorization Letter and Valid ID (if representative)    |                                                                         |                                                           |                                        |                                 |
| Service Record or Employee ID (if available)             |                                                                         |                                                           |                                        |                                 |
| CLIENT STEPS                                             | AGENCY ACTION                                                           | FEES TO<br>BE PAID                                        | PROCESSING<br>TIME                     | PERSON<br>RESPONSIBLE           |
| 1. Submit a request for a copy of the performance rating | 1. Receive the request.                                                 | None                                                      | 2 minutes                              | HR Records                      |
| 2. Request Processing                                    | 2. Review the request and provide instructions if necessary             | None                                                      | Upon the receipt of the request        | CHRDO Head                      |
|                                                          | 3. Route the documents to the concerned personnel                       | None                                                      | Upon the instruction of the HR Officer | HR Performance Management Staff |
|                                                          | 4. Verify employee records in the personnel file                        | None                                                      | 30 Minutes                             | PMT Secretariat                 |
|                                                          | 5. Retrieve and reproduce the performance rating document               | None                                                      | 1 hour                                 | PMT Secretariat                 |
|                                                          | 6. Review and certify the document                                      | None                                                      | 1 day                                  | CHRDO Head / PMT Member         |
| 3. Receive the requested document                        | 7. Release the requested document and log the transaction               | None                                                      | 5 Minutes                              | Administrative Staff            |
|                                                          | TOTAL                                                                   | None                                                      | 1 day, 1 hour and 37 minutes           |                                 |

### 13. ISSUANCE OF CERTIFICATION AND CERTIFIED TRUE COPIES OF PERSONNEL RECORDS FOR FILING OF CIVIL SERVICE ELIGIBILITY - PREFERENCE RATING

Certified True Copies of Appointment/Contract, Certified True Copy of Report on Appointment Issued with Attestation, and Certified True Copies of the Performance Evaluations for the last two rating periods are requested by active employees with at least ten (10) years of government service as documentary requirements for filing their application for Career Service Eligibility – Preference Rating.

|                                                                                                                                             |                                                                                                                                   |                                    |                            |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|---------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION                                                     |                                    |                            |                                       |
| <b>CLASSIFICATION:</b>                                                                                                                      | Complex                                                                                                                           |                                    |                            |                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                            | G2G – Government to Government                                                                                                    |                                    |                            |                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                       | Active employees of the City Government of Antipolo                                                                               |                                    |                            |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                            |                                                                                                                                   | <b>WHERE TO SECURE</b>             |                            |                                       |
| 1. Request letter                                                                                                                           |                                                                                                                                   | - Applicant                        |                            |                                       |
| 2. Any government-issued ID card – Original (For verification purposes only)                                                                |                                                                                                                                   |                                    |                            |                                       |
| 3. Printed copy of the Report of Rating                                                                                                     |                                                                                                                                   | - CSC Website                      |                            |                                       |
|                                                                                                                                             |                                                                                                                                   |                                    |                            |                                       |
| <b>CLIENT STEPS</b>                                                                                                                         | <b>AGENCY ACTION</b>                                                                                                              | <b>FEES<br/>TO<br/>BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>         |
| 1. Submit a written request for Certification and Certified True Copies, together with a copy of the Report of Rating from the CSC website. | 1. Receive and log the request and verify the completeness of documents and employee details.                                     | None                               | 5 minutes                  | CHRDO personnel at the receiving area |
| 2. None                                                                                                                                     | 2. Retrieve the latest two (2) IPCR ratings to confirm that the employee obtained at least a Very Satisfactory performance rating | None                               | 1 day                      | Records staff                         |
| 3. None                                                                                                                                     | 3. Retrieve Appointment/Contract records from files/archives covering up to ten (10) years of service.                            | None                               | 15 days                    | Records staff                         |
| 4. None                                                                                                                                     | 4. Retrieve the corresponding Reports on Appointment Issued with Attestation for the retrieved appointments.                      | None                               | 15 days                    | Records staff                         |

| CLIENT STEPS | AGENCY ACTION                                                                        | FEES TO BE PAID | PROCESSING TIME               | PERSON RESPONSIBLE |
|--------------|--------------------------------------------------------------------------------------|-----------------|-------------------------------|--------------------|
| 5. None      | 5. Prepare the Certified True Copies of Appointment/Contract, IPCR and Attested RAI. | None            | 1 day                         | Records staff      |
| 6. None      | 6. Prepare the Certification on Actual Services Rendered in the agency.              | None            | 1 day                         | Records staff      |
| 7. None      | 7. Route documents for review and signature of the HRDO Head.                        | None            | 1 day                         | Admin staff        |
| 8. None      | 8. Release certification and certified true copies and record in logbook.            | None            | 10 minutes                    | Admin staff        |
|              | <b>TOTAL:</b>                                                                        | <b>None</b>     | <b>34 days and 15 minutes</b> |                    |

#### 14. FILING OF LEAVE VIA HR LITE SYSTEM

Employees may file leave applications online using the HR Lite system. The system routes the request to the Department Head, HRDO, and Administrator's Office for approval and recording.

|                                                                                                                                                                                        |                                                                               |                            |                            |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                           | CITY HUMAN RESOURCE DEVELOPMENT OFFICE<br>RECORDS AND LEAVE BENEFITS DIVISION |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                 | Simple                                                                        |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                       | G2G – Government to Government                                                |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                  | Employees with HR Lite Access                                                 |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                       |                                                                               | <b>WHERE TO SECURE</b>     |                            |                               |
| 1. HR Lite employee account<br>2. Leave details (type, inclusive dates, reason)<br>3. Electronic copy of supporting documents (if applicable, e.g. medical certificate for sick leave) |                                                                               | - CHRDO<br>- Employee      |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                    | <b>AGENCY ACTION</b>                                                          | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Log in to HR Lite Employee Account                                                                                                                                                  | 1. System authenticates user credentials                                      | None                       | 1 minute                   | HR Lite System                |
| 2. Go to Personnel Records Module and select 'Apply for Leave'                                                                                                                         | 2. System displays the leave application form.                                | None                       | 1 minute                   | HR Lite System                |
| 3. Fill out the required information such as leave type, dates, reason, and upload supporting documents if required.                                                                   | 3. System validates the information entered.                                  | None                       | 3 minutes                  | HR Lite System                |
| 4. Click Submit to send the leave application.                                                                                                                                         | 4. System forwards the request to HRDO for verification.                      | None                       | 1 minute                   | HRDO                          |
|                                                                                                                                                                                        | 4.1 HRDO records the leave in the employee's leave cards                      | None                       | 4 hours                    | HRDO                          |
| 5. Monitor the status of the                                                                                                                                                           | 5. Once verified, Department Head                                             | None                       | 1 day                      | Department Head               |

|                                  |                                  |  |  |  |
|----------------------------------|----------------------------------|--|--|--|
| leave application in the system. | approves/disapproves the request |  |  |  |
|----------------------------------|----------------------------------|--|--|--|

| CLIENT STEPS | AGENCY ACTION                                                                           | FEES TO BE PAID | PROCESSING TIME                      | PERSON RESPONSIBLE      |
|--------------|-----------------------------------------------------------------------------------------|-----------------|--------------------------------------|-------------------------|
| 6. None      | 6. Once approved, the system forwards the request to the City Admin for final approval. | None            | 1 minute                             | HR Lite System          |
|              | 6.1 City Administrator reviews and approves/disapproves the filed leave.                | None            | 1 day                                | City Administrator      |
| 7. None      | 7. If approved, system deducts the leave credits and HRDO finalizes the record.         | None            | 5 minutes                            | HR Lite System/<br>HRDO |
|              | 7.1 The approved leave application shall be reflected in the HR Lite System.            | None            | 1 minute                             | HR Lite System          |
|              | <b>TOTAL:</b>                                                                           | <b>None</b>     | <b>2 Days,4 hours and 13 minutes</b> |                         |





## **City Planning and Development Office External Services**



## 1. COUNTERSIGNING OF CERTIFICATION FOR MERALCO

The certification issued by the Urban Settlement and Development Office (USDO) for MERALCO purposes passes through the City Planning and Development Office (CPDO) for authentication.

|                                                                                                                                                                                                                      |                                                                                                                                  |                        |                                                                            |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|----------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                         | CITY PLANNING & DEVELOPMENT OFFICE PLANNING INFORMATION MANAGEMENT & RESEARCH DIVISION (PIMRD) / GENERAL ADMINISTRATIVE DIVISION |                        |                                                                            |                            |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                               | Simple                                                                                                                           |                        |                                                                            |                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                         | G2C – Government to Citizen;<br>G2B – Government to Business                                                                     |                        |                                                                            |                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                | Members / beneficiaries of duly organized Homeowners/<br>Neighborhood Associations                                               |                        |                                                                            |                            |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                     |                                                                                                                                  |                        | <b>WHERE TO SECURE</b>                                                     |                            |
| 1. Certification for MERALCO – Original, 2 copies<br>2. HOA master list – 1 photocopy<br>3. HOA Certification – 1 photocopy<br>4. HOA Board Resolution, (for new or replacement of member/beneficiary) – 1 photocopy |                                                                                                                                  |                        | - USDO<br><br>- USDO<br>- HOA President/Officer<br>- HOA President/Officer |                            |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                                                                             | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                                     | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit the requirements to CPDO – General Administrative Division.                                                                                                                                                | 1. Receive the requirements and forward to PIMRD for action.                                                                     | None                   | 2 minutes                                                                  | Receiving clerk            |
| 1.1 None                                                                                                                                                                                                             | 1.1 Countersign the Certification.                                                                                               | None                   | 1 minute                                                                   | Authorized PIMRD personnel |
| 2. Sign in the Release Log Book.                                                                                                                                                                                     | 2. Request the client to sign in the Release Log Book.                                                                           | None                   | 3 minutes                                                                  | Releasing Clerk            |
| 2.1 Receive the countersigned Certification.                                                                                                                                                                         | 2.1 Issue the countersigned Certification.                                                                                       | None                   |                                                                            |                            |
|                                                                                                                                                                                                                      | <b>TOTAL:</b>                                                                                                                    | <b>None</b>            | <b>6 minutes</b>                                                           |                            |

## 2. ISSUANCE OF CERTIFICATION TO HOMEOWNERS ASSOCIATIONS (HOAs) FOR BIR TAX EXEMPTION PURPOSES

Pursuant to the provisions of R.A. No. 9904 otherwise known as the “Magna Carta for Homeowners and Homeowner’s Associations” and the Bureau of Internal Revenue (BIR) Revenue Memorandum Circular No. 9-2013, the City Government through the CPDO issues certification to HOAs upon request in line with their application with the BIR for tax exemption.

|                                                                                                                       |                                                                                                                                    |                                  |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                          | CITY PLANNING & DEVELOPMENT OFFICE PLANNING INFORMATION MANAGEMENT AND RESEARCH DIVISION (PIMRD) / GENERAL ADMINISTRATIVE DIVISION |                                  |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                | Simple                                                                                                                             |                                  |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                          | G2C – Government to Citizen;<br>G2G – Government to Government                                                                     |                                  |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                 | Duly registered homeowners /neighborhood associations                                                                              |                                  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                      |                                                                                                                                    | <b>WHERE TO SECURE</b>           |                        |                           |
| 1. Letter of request – Original copy<br>2. HOA Registration – 1 photocopy<br>3. HOA Financial statement – 1 photocopy |                                                                                                                                    | - Client<br>- Client<br>- Client |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                   | <b>AGENCY ACTION</b>                                                                                                               | <b>FEES TO BE PAID</b>           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements to CPDO – General Administrative Division.                                                 | 1. Receive the requirements and forward to the PIMRD for action.                                                                   | None                             | 2 minutes              | Receiving Clerk           |
| 1.1 None                                                                                                              | 1.1 Validate the requirements and prepare the Certification.                                                                       | None                             | 5 minutes              | PIMRD Head                |
| 1.2 None                                                                                                              | 1.2 Review and sign the Certification.                                                                                             | None                             | 1 minute               | CPDO Head                 |

|                                                               |                                                                                    |                  |                   |                 |
|---------------------------------------------------------------|------------------------------------------------------------------------------------|------------------|-------------------|-----------------|
| 2. Sign in the Release Log Book and secure the Certification. | 2. Request the client to sign in the Release Log Book and issue the Certification. | None<br><br>None | 2 minutes         | Releasing Clerk |
|                                                               | <b>TOTAL:</b>                                                                      | <b>None</b>      | <b>10 minutes</b> |                 |

### 3. PROCESSING OF APPLICATION FOR DEED OF CONVEYANCE AND TRANSFER OF OWNERSHIP

The City Planning and Development Office is designated to evaluate and process the application for the intent to turnover road lots, open spaces and parcels of land located within the City of Antipolo in favor of the City Government of Antipolo.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CITY PLANNING & DEVELOPMENT OFFICE PLANNING INFORMATION MANAGEMENT & RESEARCH DIVISION (PIMRD), PHYSICAL AND LAND USE DIVISION (PLUD), GENERAL ADMINISTRATIVE DIVISION (GAD) |                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Highly Technical                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G2C – Government to Citizen                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Subdivision owner/developers, homeowners associations (HOAs), private individuals                                                                                            |                                                                                                                                                                                                                                                                                                                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              | WHERE TO SECURE                                                                                                                                                                                                                                                                                                            |
| 1. Letter of Intent / application received by the Office of Mayor<br>2. Any two (2) government-issued ID cards – 1 photocopy each<br>3. Transfer Certificate of Title (TCT) of lots offered for turnover – 1 certified copy<br>4. Tax Declaration of lots offered for turnover – 1 photocopy<br>5. Tax Clearance or Official Receipt of updated tax payments – 1 photocopy<br>6. Lot Plan duly signed and sealed by a Geodetic Engineer – 1 photocopy<br>7. Approved Subdivision Plan – 1 photocopy<br>8. Certificate of Completion (COC) or SHFC consent (whatever is applicable) – 1 photocopy<br>9. Deed of Conveyance and Transfer of Ownership (DCTO) duly signed by the donor/s – 5 Original copies<br>10. For Corporation or Homeowners Association– Board Resolution or Secretary's Certificate (Authority to turnover / represent the Corporation/HOA), whichever is applicable – 1 photocopy |                                                                                                                                                                              | - Office of the Mayor<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br>- Registry of Deeds<br><br>- City Assessor's Office<br><br>- City Treasurer's Office<br><br>- Licensed Geodetic Engineer<br><br>- Client<br>- DHSUD or SHFC<br><br>- Client/Donor<br><br>- Client/Donor |

| CLIENT STEPS                                                          | AGENCY ACTION                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------------------------------------|---------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Submit the requirements to CPDO – General Administrative Division. | Receive the requirements and forward to the PIMRD for action. | None            | 20 minutes      | Receiving Clerk    |
| <i>Processing of the DCTO</i><br>2. None                              | 2. Evaluate the requirements.                                 | None            | 7 days          | PIMRD Head         |

|                                                                        |                                                                                                                                                                                                                 |      |           |                                                             |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|-------------------------------------------------------------|
| 2.1 None                                                               | If deemed necessary, conduct technical evaluation and or site inspection, and provide written report.                                                                                                           |      |           | PLUD personnel                                              |
| 2.2 None                                                               | 2.1 Prepare letter of endorsement to the Office of the City Administrator with recommendation for endorsement to the Sangguniang Panlungsod.<br><br>2.2 Review and sign the endorsement/ recommendation letter. |      |           | PIMRD Head<br><br><br><br><br><br><br><br><br><br>CPDO Head |
| 3. Request for feedback from CPDO as to the status of the application. | Inform the client whether the application is for:<br><br>a) Issuance of Compliance Letter<br><br>b) Technical evaluation and or site inspection, or<br><br>c) Endorsement to the Sangguniang Panlungso<br>d.    | None | 20minutes | PIMRD Staff                                                 |

|                                              |                                                                                                                                                                |      |                                                        |                                          |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------|------------------------------------------|
| <i>Legislative Action on DCTO</i><br>4. None | Receive endorsement with requirements from the City Admin's Office for SP adoption of a City Resolution authorizing the City Mayor to accept and sign the DCTO | None | Refer to SP Secretariat and SP for the processing time | SP Secretariat<br>Sangguniang Panlungsod |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------|------------------------------------------|

|                                                           |                                                                                                                                                                                                                    |  |                                                                             |                                                                                      |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Enacted City Resolution for the DCTO<br>5. None           | 5. Receive copy of City Resolution<br><br>5.1 Prepare endorsement to the Office of the City Mayor for DCTO signing<br><br>5.2 Review and sign the endorsement                                                      |  | 30 mins.                                                                    | Receiving Clerk<br><br>PIMRD Head<br><br>CPDO Head                                   |
| Signing of DCTO<br>6. None                                | Receive 5 sets of DCTO and City Resolution for review prior to signing of the Mayor<br><br><i>Refer to the action of City Admin for the review of the DCTO and Mayors Office for the signing of DCTO</i>           |  | Refer to the processing time of City Admin                                  | City Admin Receiving Clerk                                                           |
| Notarization of the Signed DCTO<br>7. None<br><br>8. None | 7. Receive copy of signed DCTO<br><br>7.1 Prepare endorsement to City Admin of the signed DCTO for notary public<br><br>7.2 Review and sign the endorsement<br><br>8. Receive copy of signed DCTO for notarization |  | 5 mins.<br><br>20 minutes<br><br>Refer to the processing time of City Admin | Receiving Clerk<br><br>PIMRD Head<br><br>CPDO Head<br><br>City Admin Receiving Clerk |
| Signed and Notarized DCTO<br>9. None                      | Receive copy of Notarized DCTO                                                                                                                                                                                     |  | 5 minutes                                                                   | Receiving Clerk                                                                      |

|                                                                        |                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                        |             |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------|-------------|
| 10. Return to CPDO and receive copy of signed DCTO and City Resolution | <p>Furnish the Donor with original copy of the DCTO and City Resolution</p> <p>Endorse the DCTO and other pertinent documents to the following offices:</p> <ol style="list-style-type: none"> <li>1. City Engineering Office</li> <li>2. Assessor's Office</li> <li>3. Accounting Office</li> <li>4. City Treasurer's Office</li> <li>5. GSO</li> </ol> | None        | 20 minutes                                                                             | PIMRD staff |
|                                                                        | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                            | <b>None</b> | <b>7 days and 2 hrs.</b><br>(excluding the processing time of other concerned Offices) |             |



## 4. PROVISION OF ASSISTANCE TO RESEARCHERS

The City Government through the City Planning and Development Office (CPDO) provides assistance to educational institutions, business sectors, national agencies, local government units, non-government organizations and individuals for their researches on the City's Comprehensive Land Use Plan, Socio Economic Plan, Facts & Figures, CDP-ELA, City's Annual Accomplishment Reports, and thematic maps.

|                                                                                                                                                            |                                                                                                                                         |                        |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                               | CITY PLANNING & DEVELOPMENT OFFICE PLANNING INFORMATION MANAGEMENT AND RESEARCH DIVISION (PIMRD), GENERAL ADMINISTRATIVE DIVISION (GAD) |                        |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                     | Simple                                                                                                                                  |                        |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                               | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                         |                        |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                      | All                                                                                                                                     |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                           |                                                                                                                                         |                        | <b>WHERE TO SECURE</b> |                           |
| 1. Letter of request<br>2. Flash drive, or compact disc, if any                                                                                            |                                                                                                                                         |                        | - Client<br>- Client   |                           |
| <b>CLIENT STEPS</b>                                                                                                                                        | <b>AGENCY ACTION</b>                                                                                                                    | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirement to CPDO – General Administrative Division, or send email to <a href="mailto:cpdo.antipolo@gmail.com">cpdo.antipolo@gmail.com</a> | 1. Receive the requirement and forward to the PIMRD for action.                                                                         | None                   | 2 minutes              | Receiving Clerk           |
| 1.1 None                                                                                                                                                   | 1.1 Prepare copies of the reference materials needed.                                                                                   | None                   | 10 minutes             | PIMRD Staff               |

|                                                                                                                               |                                                                                                                                                                     |             |                   |                 |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-----------------|
| <p>2. Sign in the Release Log Book and secure the requested reference materials.</p> <p>Acknowledge receipt of the email.</p> | <p>2. Request the client to sign in the Release Log Book and issue the reference materials.</p> <p>Send the reference materials to the client's e-mail address.</p> | None        | 3 minutes         | Releasing Clerk |
|                                                                                                                               |                                                                                                                                                                     | None        | 5 minutes         | PIMRD Staff     |
|                                                                                                                               | <b>TOTAL:</b>                                                                                                                                                       | <b>None</b> | <b>20 minutes</b> |                 |



# **City Procurement Service Office**

## **Internal Services**



## 1. REQUEST FOR SERVICE VEHICLES

The City Procurement Office is tasked to provide secure and timely driving services to transport passengers/or goods, in service to other offices and constituents.

| <b>OFFICE/<br/>DIVISION:</b>     | Administrative Management Division/Utility Section                                                      |                    |                    |                       |
|----------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>           | Simple                                                                                                  |                    |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2G – Government to Government                                                                          |                    |                    |                       |
| <b>WHO MAY AVAIL:</b>            | All                                                                                                     |                    |                    |                       |
| CHECKLIST OF REQUIREMENTS        |                                                                                                         | WHERE TO SECURE    |                    |                       |
| 1. Letter of request             |                                                                                                         | - Client           |                    |                       |
| CLIENT STEPS                     | AGENCY ACTION                                                                                           | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Submit letter of request.     | 1. Receive the letter of request with the attached Document Tracking Form (DTF) from the Mayor's Office | None               | 1 minutes          | Receiving Staff       |
| 1.1 None                         | 1.1 Review the request letter and logs in the record book for monitoring purposes                       | None               | 1 minute           | Receiving Staff       |
| 1.2 None                         | 1.2 Forward the request letter to the Administrative Officer (AO)                                       | None               | 1 minute           | Receiving Staff       |

|          |                                                                                                                                                    |             |                   |                                    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|------------------------------------|
| 2. None  | 2. The AO reviews the request and signs the DTF                                                                                                    | None        | 2 minutes         | Administrative Officer             |
| 2.1 None | 2.1 Forward the request letter together with the DTF to the Carpool Service Vehicle dispatcher for further instructions.                           | None        | 1 minute          | Administrative Officer             |
| 2.2 None | 2.2 The Carpool Service Vehicle dispatcher informs the requester of the approval/disapproval of the request and informs the driver of the schedule | None        | 3 minutes         | Carpool Service Vehicle Dispatcher |
| 2.3 None | 2.3 The Carpool Service Vehicle dispatcher files the request letter and post it in the bulletin board.                                             | None        | 5 minutes         | Carpool Service Vehicle Dispatcher |
|          | <b>TOTAL</b>                                                                                                                                       | <b>None</b> | <b>14 minutes</b> |                                    |

## 2. REPRODUCTION OF DOCUMENTS FROM OTHER DIVISIONS OR OFFICES VIA REQUISITION ISSUE SLIP

One of the services rendered by the procurement office is the reproduction of documents. It is the process of creating copies from a source document, as the need may arise

| <b>OFFICE/<br/>DIVISION:</b>                                                                       | Administrative Management Division/Utility Section                                                                                     |                       |                                                                   |                                   |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------|-----------------------------------|
| <b>CLASSIFICATION:</b>                                                                             | Simple                                                                                                                                 |                       |                                                                   |                                   |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                   | G2G – Government to Government                                                                                                         |                       |                                                                   |                                   |
| <b>WHO MAY AVAIL:</b>                                                                              | All                                                                                                                                    |                       |                                                                   |                                   |
| CHECKLIST OF REQUIREMENTS                                                                          |                                                                                                                                        | WHERE TO SECURE       |                                                                   |                                   |
| 1. Requisition Issue Slip                                                                          |                                                                                                                                        | - Client              |                                                                   |                                   |
| CLIENT STEPS                                                                                       | AGENCY ACTION                                                                                                                          | FEES<br>TO BE<br>PAID | PROCESSING TIME                                                   | PERSON<br>RESPONSIBLE             |
| 1. Submit duly filled up Requisition Issue Slip (RIS) together with the documents to be reproduced | 1. Receive the duly accomplished Requisition Issue Slip (RIS) together with the documents to be reproduced from the requesting office. | None                  | 1 minutes                                                         | Receiving Staff                   |
| 1.1 None                                                                                           | 1.1 Review the request letter and logs in the record book for monitoring purposes                                                      | None                  | 3 minute                                                          | Receiving Staff                   |
| 1.2 None                                                                                           | 1.2 Forward the RIS to the Procurement Head for review and approval                                                                    | None                  | 2 minute                                                          | Receiving Staff                   |
| 2. None                                                                                            | 2. Approved RIS is forwarded to the document reproduction staff                                                                        | None                  | 5 minutes                                                         | Liaison Officer                   |
| 2.1 None                                                                                           | 2.1 Reproduce the document based on the requested number of copies needed                                                              | None                  | 1 hour<br>(dependent on the number of documents to be reproduced) | Document<br>Reproduction<br>Staff |

|                                                               |                                                             |             |                              |                 |
|---------------------------------------------------------------|-------------------------------------------------------------|-------------|------------------------------|-----------------|
| 3 Receive the forms reproduced by signing in the Approved RIS | 3. Release the reproduced documents to the requesting party | None        | 5 minutes                    | Warehouse Staff |
|                                                               | <b>TOTAL</b>                                                | <b>None</b> | <b>1 hour and 14 minutes</b> |                 |

### 3. ISSUANCE OF ACKNOWLEDGEMENT RECEIPT FOR SUPPLIES PROVIDED AND SERVED WITH REFERENCE TO APPROVED PURCHASE ORDER AND DELIVERY RECEIPT

Acknowledgement Receipt is a simple document to confirm that items have been received, and is a requirement for documentation purposes.

| <b>OFFICE/<br/>DIVISION:</b>                                                    | SUPPLY MANAGEMENT DIVISION/WAREHOUSE SECTION                                                                                |                       |                    |                       |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                          | Simple                                                                                                                      |                       |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                | G2G – Government to Government                                                                                              |                       |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                           | All                                                                                                                         |                       |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                       |                                                                                                                             | WHERE TO SECURE       |                    |                       |
| 1. Approved Purchase Order<br>2. Delivery Receipt<br>3. Acknowledgement Receipt |                                                                                                                             | Warehouse Section     |                    |                       |
| CLIENT STEPS                                                                    | AGENCY ACTION                                                                                                               | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Requesting party checks on the status of the Purchase Requested submitted    | 1. Warehouse staff double checks on the documents for the said transaction                                                  | None                  | 5 minutes          | Warehouse Staff       |
| 1.1 None                                                                        | 1.1 Inform the requesting party that the items requested to be purchased are available for pick up at the warehouse section | None                  | 5 minutes          | Warehouse Staff       |
|                                                                                 | 1.2 Prepare Acknowledgement Receipt, indicating the specifications and quantity of the supplies requested.                  | None                  | 20 minutes         | Warehouse Staff       |
| 2. Receives the items and signs the Acknowledgement Receipt in duplicate copy   | 2. Provide one copy of the Acknowledgement Receipt to the requesting party and file the other copy for reference            | None                  | 2 minutes          | Warehouse Staff       |
| <b>TOTAL</b>                                                                    |                                                                                                                             | <b>None</b>           | <b>32 minutes</b>  |                       |



#### 4. REQUEST FOR GAS/DIESEL REFUELING

Some of the vehicles owned by the city government that do not have their own fleet cards request for refueling through the use of Operator's Card.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                          | ADMINISTRATIVE MANAGEMENT DIVISION/UTILITY SECTION                                                                                                   |                           |                               |                                  |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|----------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                | Simple                                                                                                                                               |                           |                               |                                  |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                      | G2G – Government to Government                                                                                                                       |                           |                               |                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                 | All                                                                                                                                                  |                           |                               |                                  |
| CHECKLIST OF REQUIREMENTS                                                                                             |                                                                                                                                                      | WHERE TO SECURE           |                               |                                  |
| Trip Tickets<br>Gas Issuance Slip                                                                                     |                                                                                                                                                      | Client<br>Utility Section |                               |                                  |
| CLIENT STEPS                                                                                                          | AGENCY ACTION                                                                                                                                        | FEES<br>TO BE<br>PAID     | PROCESSING<br>TIME            | PERSON<br>RESPONSIBLE            |
| 1. Requesting party submits trip ticket duly approved by the authorized signatory of the requesting office/department | 1. The CPO concerned personnel accepts the duly approved trip ticket and have the requesting driver log in at the record book of the trip's details. | None                      | 5 minutes                     | Requesting Party/Refueling Staff |
| 1.1 Proceed to the gasoline station                                                                                   | 1.1 Hand over the Operator's Card and have the driver head to the gasoline station                                                                   | None                      | 45 minutes                    | Refueling Staff                  |
| 2. Surrenders the Operator's Card together with the Official Receipt (OR)                                             | 2. Receives the Operator's Card and attach the official receipt to the submitted trip ticket                                                         | None                      | 2 minutes                     | Requesting Party/Refueling Staff |
| 2.1 None                                                                                                              | 2.1 Trip tickets with the attached OR are consolidate on a monthly basis for submission to the Budget Office.                                        | None                      | 2 hours                       | Refueling Staff                  |
|                                                                                                                       | <b>TOTAL</b>                                                                                                                                         | <b>None</b>               | <b>2 hours and 52 minutes</b> |                                  |

## 5. PROCESSING OF PURCHASE ORDERS

Purchase Order is being processed and is being sent by buyer to seller to document the sale of products to be delivered at a later date, without immediately making a payment.

|                                                  |                                                                                                                      |                                |                                                                                 |                               |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                     | SUPPLY MANAGEMENT DIVISION/PURCHASING SECTION                                                                        |                                |                                                                                 |                               |
| <b>CLASSIFICATION:</b>                           | Simple                                                                                                               |                                |                                                                                 |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                 | G2G – Government to Government                                                                                       |                                |                                                                                 |                               |
| <b>WHO MAY AVAIL:</b>                            | All                                                                                                                  |                                |                                                                                 |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                 |                                                                                                                      | <b>WHERE TO SECURE</b>         |                                                                                 |                               |
| Approved Purchase Request (APR)                  |                                                                                                                      | Client                         |                                                                                 |                               |
| <b>CLIENT STEPS</b>                              | <b>AGENCY ACTION</b>                                                                                                 | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b>                                                      | <b>PERSON<br/>RESPONSIBLE</b> |
| 1 . Submit<br>Approved Purchase<br>Request (APR) | 1 . Receive the APR duly<br>signed by the Mayor, review<br>and log in the record book for<br>monitoring purposes.    | None                           | 2 minutes                                                                       | Receiving Clerk               |
| 1.1 None                                         | 1.1 Forward the APR to the<br>canvasser for the<br>processing of canvass<br>sheet and Request for<br>Quotation (RFQ) | None                           | 2 minutes                                                                       | Receiving Clerk               |
|                                                  | 1.2 The certificate of<br>canvass is submitted to the<br>Procurement Head for<br>approval                            | None                           | 5 minutes                                                                       | Canvasser                     |
| 2. None                                          | 2. Forward the Approved<br>canvass for Purchase Order<br>and Abstract of Canvass<br>preparation                      | None                           | 5 minutes                                                                       | Procurement<br>Head           |
| 2.1 None                                         | 2.1 Abstract<br>of Canvass is<br>forwarded for the<br>approval of the Bids<br>& Awards Committee (BAC)               | None                           | 3 days<br>(depending on<br>the availability of<br>BAC signatories)<br>5 minutes | Liaison Officer               |
|                                                  | 2.2 The Approved Purchase<br>Order is sent back to the<br>Procurement Office for further<br>processing               | None                           |                                                                                 | Liaison Officer               |
|                                                  | <b>TOTAL</b>                                                                                                         | <b>None</b>                    | <b>3 days and 14<br/>minutes</b>                                                |                               |

## 6. PREPARATION OF BIDDING DOCUMENTS

Bidding documents are prepared and issued to provide the prospective bidders all the necessary information that are needed to prepare their bids.

|                                                                                                     |                                                                                                                                                      |                                |                            |                               |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                        | SUPPLY MANAGEMENT DIVISION/BAC SECRETARIAT/TECHNICAL WORKING GROUP                                                                                   |                                |                            |                               |
| <b>CLASSIFICATION:</b>                                                                              | Simple                                                                                                                                               |                                |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                    | G2G – Government to Government                                                                                                                       |                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                               | All                                                                                                                                                  |                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                    |                                                                                                                                                      |                                | <b>WHERE TO SECURE</b>     |                               |
| Approved Annual Procurement Plan (APP), Price Analysis Matrix, Certificate of Availability of Funds |                                                                                                                                                      |                                |                            |                               |
| <b>CLIENT STEPS</b>                                                                                 | <b>AGENCY ACTION</b>                                                                                                                                 | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submission of Approved Annual Procurement Plan (APP)                                             | 1. Receive the Approved APP, review and log in the record book for monitoring purposes.                                                              | None                           | 2 minutes                  | Receiving Clerk               |
| 1.1 None                                                                                            | 1.1 Forward the Approved APP to the Procurement Head                                                                                                 | None                           | 3 minutes                  | Receiving Clerk               |
|                                                                                                     | 1.2 Assign the project to the Technical Working Group (TWG)                                                                                          | None                           | 7 minutes                  | Procurement Head              |
| 2. None                                                                                             | 2. The TWG starts sending out Request for Quotation (RFQ) to suppliers                                                                               | None                           | 1 day                      | TWG                           |
| 2.1 None                                                                                            | 2.1 TWG receives the RFQ's back, then prepares the Price Analysis (PA) Matrix to determine the Approved Budget for the Contract (ABC) of the item    | None                           | 7 days                     | TWG                           |
| 2.2 None                                                                                            | 2.2 TWG shall then submit to the Procurement Head the PA Matrix for approval together with the attached documents, i.e. RFQ, Internet Prices and APP | None                           | 1 day                      | TWG                           |
|                                                                                                     | 2.3 Once approved, the TWG will secure a Certificate of Availability of Funds (CAF)                                                                  | None                           | 1 day                      | TWG                           |

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                               |     |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|-----|
| 3. None | 3. The TWG starts to prepare the bidding documents, to include as follows:<br>A. ABC<br>B. Invitation to Bid/Request or Expression of Interest<br>C. Eligibility Requirements<br>D. Instructions to Bidders, including scope of bids, documents comprising the bid, criteria for eligibility, bid evaluation methodology/criteria in accordance with the Act, and post qualification, as well as the date, time and place of the pre-bid conference, submission of bids and opening of bids<br>E. Terms of reference for Consulting Services<br>F. Scope of work where applicable<br>G. Technical Specifications<br>H. Form of Bid, Price Form, and List of Goods or Bill of Quantities<br>I. Schedule<br>J. Form, Amount, and Validity Period of Bid Security<br>K. Form, Amount, and Validity Performance Security and Warranty<br>L Form of Contract and General and Special Conditions of Contract | None        | 1 day                         | TWG |
|         | <b>TOTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>None</b> | <b>11 days and 12 minutes</b> |     |

## 7. RECEIPT OF DELIVERIES

Receiving of deliveries is the first step of the Warehousing Process and refers to the process of delivering, unloading, and storing inventory in a warehouse.

|                                                                              |                                                                                                                                          |                                |                            |                               |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                 | SUPPLY MANAGEMENT DIVISION/WAREHOUSING SECTION                                                                                           |                                |                            |                               |
| <b>CLASSIFICATION:</b>                                                       | Simple                                                                                                                                   |                                |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                             | G2B – Government to Business                                                                                                             |                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                        | Suppliers                                                                                                                                |                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                             |                                                                                                                                          | <b>WHERE TO SECURE</b>         |                            |                               |
| Delivery Receipts, Purchase Order, Agency Procurement Request, Sales Invoice |                                                                                                                                          |                                |                            |                               |
| <b>CLIENT STEPS</b>                                                          | <b>AGENCY ACTION</b>                                                                                                                     | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Delivery of goods/supplies                                                | 1 . Receive and verify the quantity of supplies, materials and delivered against delivery receipts.                                      | None                           | 1 hour                     | Warehouse Personnel           |
| 1.1 None                                                                     | 1.1 Warehouse personnel shall assist suppliers in lifting of boxes of supplies from the delivery vehicle to the designated storage area. | None                           | 1 hour                     | Warehouse Personnel           |

|          |                                                                                                                                                                                                    |             |                               |                     |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|---------------------|
| 2. None  | 2. Designate control number to delivery receipts, indicating the date and time of receipt and initials of the assigned personnel. This is to ensure the completeness of delivery receipts on file. | None        | 30 minutes                    | Warehouse Personnel |
| 2.1 None | 2.1 Check the quality of items received, ensuring that the delivered items conformed to the specifications indicated in the Purchase Order/Agency Procurement Requests                             | None        | 1 hour                        | Warehouse Personnel |
| 2.2 None | 2.2 Arrange properly the received supplies to the designated area/shelves and maintain record logbook to monitor in and out of assigned supplies                                                   |             |                               |                     |
| 2.3 None | 2.3 Prepare and submit the report of delivery to the Officer-In-Charge to confirm status of delivery.                                                                                              | None        | 3 hours                       | Warehouse Personnel |
| 2.4 None | 2.4 Check details of sales invoice against delivery receipts as to quantity and amount delivered and submit the document to the Procurement Office as needed for processing of payment.            | None        | 20 minutes                    | Warehouse-In-Charge |
|          |                                                                                                                                                                                                    | None        | 30 minutes                    | Warehouse Personnel |
|          | <b>TOTAL</b>                                                                                                                                                                                       | <b>None</b> | <b>6 hours and 20 minutes</b> |                     |

## 8. ISSUANCE AND RELEASING OF SUPPLIES

The request for issue of materials is made in written documents for proper authorization. It is the primary responsibility of the Stockman to verify all such documents before the materials are issued.

|                                                                            |                                                                                                                      |                                |                            |                               |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                               | SUPPLY MANAGEMENT DIVISION/WAREHOUSING SECTION                                                                       |                                |                            |                               |
| <b>CLASSIFICATION:</b>                                                     | Simple                                                                                                               |                                |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                           | G2G – Government to Government                                                                                       |                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                      | All                                                                                                                  |                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                           |                                                                                                                      | <b>WHERE TO SECURE</b>         |                            |                               |
| Requisition Issue Slip (RIS), Utilization Report                           |                                                                                                                      |                                |                            |                               |
| <b>CLIENT STEPS</b>                                                        | <b>AGENCY ACTION</b>                                                                                                 | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Prepare and submit Requisition Issue Slip before withdrawal of supplies | 1 . Stamp as RECEIVED the submitted RIS and its attachments and assign Control Number.                               | None                           | 30 minutes                 | Warehouse Personnel           |
| 1.1 None                                                                   | 1.1 Determine total actual consumption thru evaluation of Utilization Reports to calculate the quantity for release. | None                           | 30 minutes                 | Warehouse Personnel           |
| 1.2 None                                                                   | 1.2 Pick up items for release based on filled up RIS                                                                 | None                           | 30 minutes                 | Warehouse Personnel           |
| 1.3 None                                                                   | 1.3 Endorse the items to Stockman for counterchecking.                                                               | None                           | 20 minutes                 | Stockman                      |
| 1.4 None                                                                   | 1.4 Assist the requesting department/office in lifting of supplies from Warehouse office to the service vehicle.     | None                           | 30 minutes                 | Warehouse Personnel           |

|                                                 |                                                                                                                              |             |                               |                     |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|---------------------|
| 2.                                              | 2. Issue/Release the requested items/supplies and check the quantity against RIS before releasing to the requesting hospital | None        | 20 minutes                    | Warehouse Personnel |
| 2.1 Receive and acknowledge the supplies issued | 2.1 Department representative shall count and acknowledge receipt of the items by signing in the RIS.                        | None        | 10 minutes                    | Requesting Party    |
| 2.2 None                                        | 2.2 Record the PO reference to RIS and encode the RIS details to the computerized monitoring                                 | None        | 20 minutes                    | Warehouse Personnel |
|                                                 | <b>TOTAL</b>                                                                                                                 | <b>None</b> | <b>3 hours and 10 minutes</b> |                     |





# **City Social Welfare and Development Office External Services**



## 1. APPLICATION FOR AVAILMENT OF ASSISTANCE TO INDIVIDUAL IN CRISIS SITUATION (AICS)

The Assistance to Individual in Crisis Situation (AICS) is the provision of limited assistance to eligible clients (medical, financial, guarantee letter, burial/cremation/old niche, educational, transportation, balik-probinsiya and emergency shelter assistance) to individuals / families who are hampered to function normally because of socio-economic difficulties. The nature of difficulty is usually short term and emergency in nature; thus, the assistance is on a one-shot-deal basis.

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Crisis Intervention & Disaster Response Management Division (CIDRMD) - Relief and Public Assistance Program<br>(Mayor's Help Desk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>CONTACT<br/>DETAILS:</b>      | OFFICE: Mayor's Help Desk, 2/F, City Hall Main Building, Manuel L. Quezon Corner Carigma St., Brgy. San Roque, Antipolo City<br>: Triage, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8689-4578                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>CLASSIFICATION:</b>           | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>WHO MAY AVAIL:</b>            | <p><i>Individuals whose family income is below food threshold and are:</i></p> <ol style="list-style-type: none"> <li>1. Families/individuals affected by natural and human-induced calamities/disasters and other unforeseen incidents;</li> <li>2. In crisis due to loss of income/without visible means of support brought by sudden lay-off, illness, death of breadwinner/head of the family, solo parents, living alone, abandoned indigent, and the like;</li> <li>3. Whose family member died and cannot afford burial and other incidental expenses;</li> <li>4. Persons with disability needing transportation/food assistance while undergoing physical restoration; PWD in crisis who are breadwinners/heads of the family, solo parent, living alone, abandoned indigent, unemployed or without visible means of support;</li> <li>5. Locally Stranded Individuals (LSIs) such as construction and domestic workers, students, etc. in a specific locality within the Philippines who have expressed intention to return to their place of origin / residence;</li> <li>6. Students-in-crisis who are breadwinners or working students or orphaned/abandoned and/or living with relatives, children of indigent solo parents or unemployed parents or indigent Overseas Filipinos (OFs) or PWD in crisis or children of rebel returnees, child victims of online sexual exploitation and other sexual abuse, or of persons deprived of liberty or rebel returnees, children with human immunodeficiency virus (HIV) or those living with parents with HIV, etc.;</li> <li>7. Victim-survivors of violence against women and children, persons living with HIV family, families of Killed in Action/Wounded in Action, uniformed personnel, repatriated or deported Overseas Filipinos (OFs), armed conflict, etc.</li> </ol> |

### BALIK-PROBINSIYA ASSISTANCE:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                           |                          |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency / Residency, or Certification that the client is displaced distressed / victim of disaster/calamity– Original copy</li> <li>3. Any government-issued ID card – Original and 1 photocopy</li> </ol> |                                                                                                            | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> </ul> |                          |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                                                                                                                           | PROCESSING TIME          | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                            | 1. Receive and validate the requirements.                                                                  | None                                                                                                                                                                                                                      | 3 minutes                | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                               | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                      | 12 minutes               | Encoder                       |
| 3. Proceed to the assigned CSWDO Staff for interview and accomplishment of the Application for Balik-Probinsiya Assistance.                                                                                                                                                                                                                                                                     | 3. Interview the client and accomplish the Application for Balik- Probinsiya Assistance.                   | None                                                                                                                                                                                                                      | 20 minutes               | CSWDO Staff                   |
| 4. Submit to home visitation and validation.                                                                                                                                                                                                                                                                                                                                                    | 4. Conduct home visitation and validation.                                                                 | None                                                                                                                                                                                                                      | 1 day                    | CSWDO Staff                   |
| 4.1 Receive information as to the date of release of the Bus Ticket / Balik                                                                                                                                                                                                                                                                                                                     | 4.1 Inform the client of the schedule of release of the Bus Ticket / Balik                                 | None                                                                                                                                                                                                                      |                          |                               |
| Probinsiya                                                                                                                                                                                                                                                                                                                                                                                      | Probinsiya                                                                                                 |                                                                                                                                                                                                                           |                          |                               |
| Assistance.                                                                                                                                                                                                                                                                                                                                                                                     | Assistance.                                                                                                |                                                                                                                                                                                                                           |                          |                               |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | <b>None</b>                                                                                                                                                                                                               | <b>1 day, 35 minutes</b> |                               |

# **BURIAL ASSISTANCE / CREMATION / OLD NICHE:**

| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                    |                        |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Registered Certificate of Death – Original and 1 photocopy</li> <li>4. Funeral Contract (except for Muslim and Indigenous People performing customary practices) – Original and 1 photocopy Certificate of Death, or Certification from the Tribal Chieftain (for IPs), Imam (for Moro), or Doctor or authorized Medical Practitioner in the absence of a Certificate of Death – Original and 1 photocopy</li> <li>5. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>6. Authorization letter for representative – Original and 1 photocopy</li> </ol> |                                                                                                            | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Local Civil Registrar's Office</li> <li>- Funeral Parlor</li> <li>- Tribal Chieftain / Imam / Medical Practitioner</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul> |                        |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                                       | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>     |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Receive and validate the requirements.                                                                  | None                                                                                                                                                                                                                                                                                                                                                                      | 3 minutes              | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                                                                                                                      | 10 minutes             | Encoder                       |

|                                                                                                                        |                                                                                        |             |                   |             |
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| 3. Proceed to the assigned CSWDO Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report. | None        | 20 minutes        | CSWDO Staff |
| 3.1 None                                                                                                               | 3.1 Process the General Intake Sheet/Social Case Study Report for approval.            | None        | 5 minutes         |             |
| 3.2 Receive information as to the schedule of pay-out.                                                                 | 3.2 Inform the client of the pay-out schedule.                                         | None        | 2 minutes         |             |
|                                                                                                                        | <b>TOTAL:</b>                                                                          | <b>None</b> | <b>40 minutes</b> |             |

## CASH ASSISTANCE FOR OTHER SUPPORT SERVICES:

An assistance in the form of outright cash provided to individuals and families in extremely difficult circumstances such as but not limited to a child victim of online sexual exploitation and other sexual abuse cases, rescued individuals/families against abuse, victim-survivors of violence against women and children, persons living with HIV-infected family and children of people who use drugs (PWUD), PWD in crisis, families of Killed in Action/Wounded in Action, uniformed personnel, repatriated or deported OFs, Locally Stranded Individuals (LSIs), rebel returnees, armed conflict, fire victims and other incidents/occurrence putting those affected in crisis situation, as may be justified by the social worker or through a case consultation/conference.

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Clearance/Certificate of Indigency, or Certification that the client is affected by a certain incident and in need of assistance – Original copy</li> <li>3. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>4. Authorization letter for representative – Original copy</li> </ol> <p><i>Depending on the circumstance of the client:</i></p> <ol style="list-style-type: none"> <li>5. Police Report – Original copy</li> <li>6. Bureau of Fire Protection (BFP) Report/ Certification for fire victims – Original copy</li> <li>7. Passport, travel documents, Certification from OWWA or the Barangay or any proof of repatriation of the Oversea Filipino – Original copy</li> <li>8. Certification from Social Worker or Case Manager for rescued clients or in need of assistance – Original copy</li> <li>9. Police blotter and Social Worker Certificate for victims of online sexual exploitation of children or violence against women and children – Original copy</li> <li>10. For LSIs without valid ID, Medical Certificate and or Travel Authority – Original copy</li> </ol> | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> <li>- Antipolo City Police Station</li> <li>- Antipolo City Fire Station</li> <li>- DFA, OWWA, Barangay Hall</li> <li>- CSWDO</li> <li>- Antipolo City Police Station, CSWDO</li> <li>- City Health Office, Antipolo City Police Station</li> </ul> |

| CLIENT STEPS                                      | AGENCY ACTION                                                                                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------|
| 1. Submit the requirements to the CSWDO Triage.   | 1. Receive and validate the requirements.                                                                  | None            | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration. | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None            | 10 minutes      | Encoder                       |

|                                                                                                                        |                                                                                        |             |                   |             |
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| 3. Proceed to the assigned CSWDO Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report. | None        | 20 minutes        | CSWDO Staff |
| 3.1 None                                                                                                               | 3.1 Process the General Intake Sheet / Social Case Study Report for approval.          | None        | 5 minutes         |             |
| 3.2 Receive information as to the date of release of the financial assistance.                                         | 3.2 Inform the client of the schedule of release of the financial assistance.          | None        | 2 minutes         |             |
|                                                                                                                        | <b>TOTAL:</b>                                                                          | <b>None</b> | <b>40 minutes</b> |             |

## EDUCATIONAL ASSISTANCE:

Assistance given to eligible students to help defray school expenses and/or cost of sending students/children to school such as school fees, supplies, projects, allowance and other related expenses which will be provided once in a school/academic year for students. Priority shall be given to working students in public high school, vocational/technological schools, state colleges and universities. This may include victims of displacement and repatriated/deported Overseas Filipino Workers, among others.

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                     |                 |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Residency and Indigency, or Certificate that the client is in need of assistance – Original copy</li> <li>3. Enrollment Assessment Form or Certificate of Enrollment or Registration – 1 photocopy</li> <li>4. School ID of the student beneficiary – Original and 1 photocopy</li> <li>5. Statement of Account for college students – 1 photocopy</li> <li>6. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>7. Authorization letter for representative – Original copy</li> </ol> |                                                                                              | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Present school attended</li> <li>- Present school attended</li> <li>- Present school attended</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul> |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                                                | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                     | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. Receive and validate the requirements.                                                    | None                                                                                                                                                                                                                                                                                                                                                | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. Encode the information and capture face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                                                                                                | 10 minutes      | Encoder                       |



|                                                                                                                        |                                                                                        |      |            |             |
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| 3. Proceed to the assigned CSWDO Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report. | None | 20 minutes | CSWDO Staff |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------|------------|-------------|

|                                                                                |                                                                               |             |                   |             |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------|-------------------|-------------|
| 3.1 None                                                                       | 3.1 Process the General Intake Sheet / Social Case Study Report for approval. | None        | 5 minutes         | CSWDO Staff |
| 3.2 Receive information as to the date of release of the financial assistance. | 3.2 Inform the client of the schedule of release of the financial assistance. | None        | 2 minutes         |             |
|                                                                                | <b>TOTAL:</b>                                                                 | <b>None</b> | <b>40 minutes</b> |             |

## LIVELIHOOD ASSISTANCE:

Assistance provided for the poor, vulnerable and marginalized families and individuals, low-income families with at least one member in the informal sector in order to help improve their socio-economic status.

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | WHERE TO SECURE                                                                                                                                                                                                                                             |                 |                               |
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| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>4. Authorization letter for representative – Original</li> <li>5. Mungkahing Proyekto Application Form</li> </ol> <p><i>Age Requirement: 18 to 59 years of age</i></p> |                                                                                              | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> <li>- CSWDO</li> </ul> |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AGENCY ACTION                                                                                | FEES TO BE PAID                                                                                                                                                                                                                                             | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Receive and validate the requirements.                                                    | None                                                                                                                                                                                                                                                        | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Encode the information and capture face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                        | 10 minutes      | Encoder                       |

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|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|-------------------|-------------|
| 3. Proceed to the assigned CSWDO Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report. | None        | 20 minutes        | CSWDO Staff |
| 3.1 None                                                                                                               | 3.1 Process the General Intake Sheet / Social Case Study Report for approval.          | None        | 5 minutes         |             |
| 3.2 Receive information as to the date of release of the livelihood assistance.                                        | 3.2 Inform the client of the schedule of release of the livelihood assistance.         | None        | 2 minutes         |             |
|                                                                                                                        | <b>TOTAL:</b>                                                                          | <b>None</b> | <b>40 minutes</b> |             |

## MEDICAL ASSISTANCE IN THE FORM OF CASH:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | WHERE TO SECURE                                                                                                                                                                                                                                                                                                   |                 |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| <ol style="list-style-type: none"> <li>Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>Barangay Certificate of Residency and Indigency, or Certificate that the client is in need of assistance – Original copy</li> <li>Case Study Report that the client is in crisis situation issued by the DSWD/Local Social Welfare Officer, or Case Summary issued by the Medical Social Worker, for availment of services more than PHP5,000.00 – Original or Certified True Copy</li> <li>Medical Certificate, or Medical/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (issued within the last 3 months) – Original or Certified True Copy</li> <li>For payment of hospital bill, Hospital Bill / Statement of Account (Outstanding Balance with complete name and signature of the Billing Clerk – Original or Certified True Copy</li> <li>For medicines/assistive devices – Prescription with date of issuance, complete name, signature and license number of the attending physician – Original or Certified True Copy</li> <li>For laboratory procedures, Laboratory Request with date of issuance, complete name,</li> </ol> |                                           | <ul style="list-style-type: none"> <li>Client / Office of the City Mayor</li> <li>Barangay Hall</li> <li>DSWD, M/CSWDO</li> <li>Hospital / medical center / clinic</li> <li>Hospital / medical center / clinic</li> <li>Hospital / medical center / clinic</li> <li>Hospital / medical center / clinic</li> </ul> |                 |                               |
| <p>signature and license number of the attending physician – Original or Certified True Copy</p> <ol style="list-style-type: none"> <li>Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>Authorization letter for representative – Original and 1 photocopy</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           | <ul style="list-style-type: none"> <li>BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>Client</li> </ul>                                                                                                                                                 |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                             | FEES TO BE PAID                                                                                                                                                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Receive and validate the requirements. | None                                                                                                                                                                                                                                                                                                              | 3 minutes       | CSWDO Staff, Information Desk |

|                                                   |                                                                                              |      |            |         |
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| 2. Once called, submit to biometric registration. | 2. Encode the information and capture face photograph, fingerprint biometrics and signature. | None | 10 minutes | Encoder |
|---------------------------------------------------|----------------------------------------------------------------------------------------------|------|------------|---------|

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| 3. Proceed to the assigned CSWD Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report.      | None        | 20 minutes        | CSWDO Staff |
| 3.1 Receive information as to home visitation (if so required), and pay-out schedule.                                 | 3.1 Inform the client a) whether subject to home visitation, b) about the pay-out schedule. | None        | 2 minutes         |             |
|                                                                                                                       | <b>TOTAL:</b>                                                                               | <b>None</b> | <b>35 minutes</b> |             |

### MEDICAL ASSISTANCE IN THE FORM OF GUARANTEE LETTER:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                                                  |                 |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Medical Certificate, or Medical/Clinical Abstract with date of issuance, complete name, signature and license number of the attending physician (Issued within the last 3 months) – Original or Certified True Copy</li> </ol>                                                                                                                                                                                  |                                                                                                            | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Hospital / medical center / clinic</li> </ul>                                                                                                     |                 |                               |
| <ol style="list-style-type: none"> <li>4. For payment of hospital bill, Hospital Bill / Statement of Account (Outstanding Balance with complete name and signature of the Billing Clerk – Original or Certified True Copy</li> <li>5. For laboratory procedures, Laboratory Request with date of issuance, complete name, signature and license number of the attending physician – Original or Certified True Copy</li> <li>6. Any government-issued ID card of the client and his/her representative, if any – Original and 1 photocopy each</li> <li>7. Authorization letter for representative – Original and 1 photocopy</li> </ol> |                                                                                                            | <ul style="list-style-type: none"> <li>- Hospital / medical center / clinic</li> <li>- Hospital / medical center / clinic</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> </ul> |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                                                                                                                                                                  | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Receive and validate the requirements.                                                                  | None                                                                                                                                                                                                                                                             | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                             | 10 minutes      | Encoder                       |

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| 3. Proceed to the assigned CSWD Staff for interview and preparation of General Intake Sheet/Social Case Study Report.                     | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report.             | None        | 20 minutes        | CSWDO Staff |
| 3.1 None                                                                                                                                  | 3.1 Process the General Intake Sheet / Social Case Study Report for approval.                      | None        | 2 minutes         |             |
| 3.2 None                                                                                                                                  | 3.2 Prepare the Guarantee Letter and process the same for approval.                                | None        | 5 minutes         |             |
| 4. Receive the Guarantee Letter and have it photocopied.                                                                                  | 4. Issue the original copy of the Guarantee Letter and request the client for a photocopy thereof. | None        | 5 minutes         | CSWDO Staff |
| 4.1 Sign / acknowledge receipt of the Guarantee Letter on the photocopy and submit the same to Social Worker / Social Development Worker. | 4.1 Receive the photocopy of the Guarantee Letter for record purposes.                             | None        |                   |             |
|                                                                                                                                           | <b>TOTAL:</b>                                                                                      | <b>None</b> | <b>45 minutes</b> |             |

## TRANSPORTATION ASSISTANCE:

Transportation assistance covers assistance for the purchase or payment of transport (air/sea/land) tickets and/or expenses to enable the clients to return to their home provinces permanently or seek further medical interventions in another place, or to attend to emergency concerns such as death, care, or other emergency or critical situations of family members, relatives or other individuals in need. This includes those that require immediate presence, such as but not limited to, attendance to a court hearing, rescue of abused relative, etc. Provided that, the provision of transportation assistance shall be limited only to clients seeking assistance for the essential travels within the Philippines.

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                       |                 |                               |
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| <ol style="list-style-type: none"> <li>Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>Barangay Certificate of Residency and Indigency, or Certificate that the client is in need of assistance – Original copy</li> <li>Police Blotter/Police Certification (for victims of pickpockets, illegal recruitment, hold-up, stranded or lost, etc.) – 1 Certified True Copy</li> <li>Other supporting documents such as but not limited to justification of the social worker, medical certificate, certificate of death, and/or court order/subpoena – Original or Certified True Copy</li> <li>Any government-issued ID card – Original and 1 photocopy each</li> </ol> |                                                                                                            | <ul style="list-style-type: none"> <li>Client / Office of the City Mayor</li> <li>Barangay Hall</li> <li>Police Station</li> <li>Social Worker / Hospital / Medical Clinic / Local Civil Registrar's Office / Regional Trial Court</li> <li>BIR, Post Office, DFA, SSS, GSIS, LTO Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> </ul> |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                       | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Receive and validate the requirements.                                                                  | None                                                                                                                                                                                                                                                                                                                                                  | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                                                                                                  | 10 minutes      | Encoder                       |



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| 3. Proceed to the assigned CSWD Staff for interview and preparation of General Intake Sheet/Social Case Study Report. | 3. Interview the client and prepare the General Intake Sheet/Social Case Study Report. | None | 20 minutes | CSWDO Staff |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------|------------|-------------|

|                                                                                     |                                                                                    |             |                   |             |
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| 3.1 None                                                                            | 3.1 Process the General Intake Sheet / Social Case Study Report for approval.      | None        | 5 minutes         | CSWDO Staff |
| 3.2 Receive information as to the date of release of the transportation assistance. | 3.2 Inform the client of the schedule of release of the transportation assistance. | None        | 2 minutes         |             |
|                                                                                     | <b>TOTAL:</b>                                                                      | <b>None</b> | <b>40 minutes</b> |             |

## EMERGENCY SHELTER ASSISTANCE

Emergency Shelter Assistance covers assistance for the families affected by man-made/natural disasters and natural calamities through distributing house materials and food and non-food brought by fire disaster, landslide, typhoon, and demolition.

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                                                      |                 |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency, and Barangay Certificate/Report of damaged or burned house– Original copy</li> <li>3. Any government-issued ID card – Original and 1 photocopy each</li> <li>4. Pictures of a damaged or burned house</li> <li>5. Barangay Certificate or Report of damaged/burned house</li> </ol> |                                                                                                            | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Client</li> <li>- Barangay Hall</li> </ul> |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                                                                                                                                                                      | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk.                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Receive and validate the requirements.                                                                  | None                                                                                                                                                                                                                                                                 | 3 minutes       | CSWDO Staff, Information Desk |
| 2. Once called, submit to biometric registration.                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                                                                                                                                                                                                                                                                 | 10 minutes      | Encoder                       |
| 3. Proceed to the assigned CSWDO Staff for interview and preparation of General Intake Sheet/ Social Case Study Report                                                                                                                                                                                                                                                                                                                                                            | 3. Interview the client and prepare the General Intake Sheet/ Social Case Study Report                     | None                                                                                                                                                                                                                                                                 | 20 minutes      | CSWDO Staff                   |

|         |                                                                              |      |           |             |
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| 4. None | 4. Process the General Intake Sheet / Social Case Study Report for approval. | None | 5 minutes | CSWDO Staff |
|---------|------------------------------------------------------------------------------|------|-----------|-------------|

|                                                                                       |                                                                                      |             |                             |  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------|-----------------------------|--|
| 5. Submit to home visitation and validation.                                          | 5. Conduct home visitation and validation.                                           |             | 1 day                       |  |
| 6. Receive information as to the date of release of the Emergency Shelter Assistance. | 6. Inform the client of the schedule of release of the Emergency Shelter Assistance. |             |                             |  |
|                                                                                       | <b>TOTAL:</b>                                                                        | <b>None</b> | <b>1 day and 38 minutes</b> |  |

## ISSUANCE OF CERTIFICATE OF INDIGENCY

A Certificate of Indigency is a document that certifies a person that he/she belongs to the marginalized sector. This document is being used in availing of services of the Public Attorney's Office (PAO), medical/financial, burial, educational, transportation, and Balik-Probinsiya Assistance, Medical Social Services Assistance from the hospitals and other social services.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Crisis Intervention & Disaster Response Management Division (CIDRMD)                                                                                                           |                                                                                                                                                                                                                                                                                                                                                |                 |                               |
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| <b>CONTACT DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OFFICE: Child and Youth Section, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8689-4565 |                                                                                                                                                                                                                                                                                                                                                |                 |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                 |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                |                 |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Indigent residents of Antipolo City                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                |                 |                               |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                |                 |                               |
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Certificate of Business / No Business – Original copy</li> <li>4. Certificate of Property / No Property – Original copy</li> <li>5. Certificate from the City Treasurer – Original copy</li> <li>6. Any government-issued ID card – Original and 1 photocopy</li> </ol> |                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Business Permits and Licensing Office</li> <li>- City Assessor's Office</li> <li>- City Treasurer's Office</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> </ul> |                 |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                                                                                                                                                | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                | PROCESSING TIME | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the CSWDO Information Desk/Triage.                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. Receive and validate the requirements.                                                                                                                                                                                    | None                                                                                                                                                                                                                                                                                                                                           | 2 minutes       | CSWDO Staff, Information Desk |

|                                                      |                                                                                                  |      |            |             |
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| 2. Once called, proceed to the assigned CSWDO Staff. | 2. Call the client and refer him/her to the Social Worker / Social Development Worker available. | None | 2 minutes  | CSWDO Staff |
| 2.1 Submit to interview for assessment.              | 2.1 Interview the client and, at the same time, prepare the computerized Intake Sheet.           | None | 20 minutes |             |

|                                                                                                                                                       |                                                                                                 |             |                               |             |
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| 3. Submit to home visitation and validation.                                                                                                          | 3. Conduct home visitation and validation.                                                      | None        | 3 days                        | CSWDO Staff |
| 3.1 Receive information as to the date of release of the Certificate of Indigency.                                                                    | 3.1 Prepare the Certification and inform the client when to claim the Certification.            | None        |                               |             |
| 4. Receive the Certificate of Indigency and have it photocopied.                                                                                      | 4. Issue the original copy of the Certification and request the client for a photocopy thereof. | None        | 6 minutes                     | CSWDO Staff |
| 4.1 Sign / acknowledge receipt of the Certificate of Indigency on the photocopy and submit the same to the Social Worker / Social Development Worker. | 4.1 Receive the photocopy of the Certification for record purposes.                             | None        |                               |             |
|                                                                                                                                                       | <b>TOTAL:</b>                                                                                   | <b>None</b> | <b>3 days,<br/>26 minutes</b> |             |

## ISSUANCE OF PERSONS WITH DISABILITY (PWD) ID/BOOKLET

This PWD I.D is a card that serves as proof that the person whose picture and other information appeared on it is a PWD and is entitled to avail of the privileges and benefits provided under R.A. No. 9442, otherwise known as “The Magna Carta for Persons with Disability.”

The PWD purchase booklet, on the other hand, serves as record of the purchases made by the PWD. It also serves as a monitoring tool to ensure that the PWD would not abuse the use of his/her discount card in making purchases.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City Social Welfare Development Office (CSWDO) and Persons with Disability (PWD) Section                                                                                                                                                                                               |
| <b>CONTACT DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OFFICE: PWD Section, G/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:cswd@antipolocitygov.com">cswd@antipolocitygov.com</a> / <a href="mailto:pwdantipolo@gmail.com">pwdantipolo@gmail.com</a><br>TEL.NO.: 8689-4583                    |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Complex                                                                                                                                                                                                                                                                                |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Residents of Antipolo City who are considered PWDs as defined in R.A 9442                                                                                                                                                                                                              |
| <b>LIST OF REQUIREMENTS FOR<br/>NEW / TRANSFEREE /<br/>RENEWAL/LOST I.D</b>                                                                                                                                                                                                                                                                                                                                                                                                  | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                 |
| <i>For new I.D. Applicant</i> <ol style="list-style-type: none"> <li>1. Duly accomplished Application Form V4.0 for PWD</li> <li>2. Latest Certificate on Disability from Physician – Original and 1 photocopy</li> <li>3. Proof of Residency (Original Barangay Certificate of Residency)</li> <li>4. Any Proof of Identity (Birth Certificate/ Voter's ID/ Voter's Certification/Marriage Certificate/ Any valid government issued ID) – Original and Photocopy</li> </ol> | <ul style="list-style-type: none"> <li>- CSWDO/PWD Development Section/PDAO</li> <li>- Qualified Doctor/Physician</li> <li>- Barangay Hall</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay or PSA (Phil ID/PSN) City Civil Registrar's Office</li> </ul> |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5. 1pc 2x2 Picture and Signature / Thumbmark in plain blank paper</p> <p>6. Authorization Letter and valid ID (original and photocopy) of authorized representative (if cannot personally file the application)</p> <p><i>For Renewal</i></p> <p>1. Old PWD</p> <p>2. Latest Certificate on Disability from Physician – Original and 1 photocopy (depending on the disability category)</p> <p>3. Proof of Residency (Original Barangay Certificate of Residency) - if have changed address within Antipolo City</p> <p>4. Authorization Letter and valid ID (original and photocopy) of authorized representative (if cannot personally file the application)</p> <p><i>For Transferees from other cities/municipalities whose PWD ID is still valid</i></p> <p>1. Original and Photocopy of PWD ID</p> <p>2. Proof of Residency (Original Barangay Certificate of Residency)</p> <p>3. Certificate of Cancellation</p> <p>4. 1pc 2x2 Picture and Signature / Thumbmark in plain blank paper</p> | <p>- Client</p> <p>- Client and authorized representative</p> <p>- Client</p> <p>- Qualified Doctor/Physician</p> <p>- Barangay Hall</p> <p>- Client and authorized representative</p> <p>- Client</p> <p>- Barangay Hall</p> <p>- Former C/MSWD/PDAO</p> <p>- Client</p> |
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| <p>5. Authorization Letter and valid ID (original and photocopy) of authorized representative (if cannot personally file the application)</p> <p><i>For Transferees from other cities/municipalities whose PWD ID is no longer valid</i></p> <p>1. Duly accomplished Application Form V4.0 for PWD</p> <p>2. Latest Certificate on Disability from Physician – Original and 1 photocopy</p> <p>3. Proof of Residency (Original Barangay Certificate of Residency)</p> <p>4. Any Proof of Identity (Birth Certificate/ Voter's ID/ Voter's Certification/Marriage Certificate/ Any valid government issued ID) – Original and Photocopy</p> <p>5. 1pc 2x2 Picture and Signature / Thumbmark in plain blank paper</p> <p>6. Authorization Letter and valid ID (original and photocopy) of authorized representative (if cannot personally file the application)</p> | <p>- Client and authorized representative</p> <p>- CSWDO/PWD Development Section/PDAO</p> <p>- Qualified Doctor/Physician</p> <p>- Barangay Hall</p> <p>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay or PSA (Phil ID/PSN) City Civil Registrar's Office</p> <p>- Client</p> <p>- Client and authorized representative</p> |
| <p><i>For Lost ID</i></p> <p>1. Affidavit of Loss</p> <p>2. Any valid government issued ID (original and photocopy)</p> <p>3. Authorization Letter and valid ID (original and photocopy) of authorized representative (if cannot personally file the application)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>- City Administrators Office or Any Notary Public</p> <p>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay or PSA (Phil ID/PSN) City Civil Registrar's Office</p> <p>- Client and authorized representative</p>                                                                                                             |



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| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                      | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                   | FEES TO BE PAID | PROCESSING TIME                                                    | PERSON RESPONSIBLE                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Submit the requirements to the CSWDO– PWD Development Section/PDAO                                                                                                                                                                                                                                                                                                             | <p>1. 1. Receive, review, and validate the completeness and authenticity of the submitted documents.</p> <p>2. Forward the documents to the Approving Officer/ Focal Point Person for further validation and approval of the application.</p> <p>3. Conduct thorough review and validation of the documents.</p> <p>4. Endorse the approved documents to the Encoding Officer for encoding into the system.</p> | None            | <p>3 minutes</p> <p>1 minute</p> <p>15 minutes</p> <p>1 minute</p> | <p>PWD Dev't. Section/PDAO Front desk Staff</p> <p>PWD Dev't. Section/PDAO Front desk Staff</p> <p>Approving Officer/Focal Point Person</p> <p>Approving Officer/Focal Point Person</p> |
| <p>2. Once approved, submit for biometric registration and encoding of information</p> <p>2.1 Secure a claim stub.</p> <p>2.2 None</p>                                                                                                                                                                                                                                            | <p>2. Encode the documents then capture the client's face photograph, fingerprint biometrics, and signature.</p> <p>2.1 Issue the claim stub indicating the date of release of the PWD ID card.</p> <p>2.2 Tag the application for printing of the PWD ID card.</p>                                                                                                                                             | None            | <p>12 minutes</p> <p>2 minutes</p> <p>1 minute</p>                 | <p>Encoder</p> <p>PWD Dev't. Section/PDAO Front desk Staff</p> <p>Encoder</p>                                                                                                           |
| <p>3. Return to CSWDO- PWD Development Section/PDAO on the scheduled date and time of claim and present the claim stub. (Note: Authorization letter and ID of representative and PWD will be required if the latter cannot personally claim)</p> <p>3.1 Sign in the Release Log Book and receive the PWD ID card (and Purchase Booklet for newly registered and transferees).</p> | <p>3. Check the claim stub and pertinent documents then request the client to sign in the Release Log Book.</p> <p>3.1 Request the client to sign and Issue the PWD ID card (and PWD Purchase Booklet for newly registered and transferees).</p>                                                                                                                                                                | None            | <p>3 minutes</p>                                                   | <p>PWD Dev't. Section/PDAO Front desk Staff</p> <p>PWD Dev't. Section/PDAO Front desk Staff</p>                                                                                         |

|  |                                                                                             |             |                   |                                                |
|--|---------------------------------------------------------------------------------------------|-------------|-------------------|------------------------------------------------|
|  | 3.2 Provide brief orientation on the benefits and privileges accorded to the PWD ID holder. |             |                   | PWD Dev't.<br>Section/PDAO Front<br>desk Staff |
|  | <b>TOTAL:</b>                                                                               | <b>None</b> | <b>38 minutes</b> |                                                |

## ISSUANCE OF REFERRAL LETTER

The City Social Welfare and Development Office (CSWDO) issues referral letter as a form of intervention that helps the client access services of other agencies in order to avail of needed assistance such as free legal assistance; free psychological / psychiatric evaluation, monitoring and after care; admission to temporary shelter for protective custody; and other social services.

| <b>OFFICE/<br/>DIVISION:</b>                                                                            | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Administrative Services Division<br>Community Outreach Division I, II, & III<br>Crisis Intervention & Disaster Response Management Division (CIDRMD) |                                                                                                        |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>CONTACT DETAILS</b>                                                                                  | OFFICE: Triage, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:cswd@antipolocitygov.com">cswd@antipolocitygov.com</a><br>TEL.NO.: 8584-7758        |                                                                                                        |
| <b>CLASSIFICATION:</b>                                                                                  | Simple                                                                                                                                                                                             |                                                                                                        |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                        | G2C – Government to Citizen;<br>G2G – Government to Government<br>G2P – Government to Private Entities                                                                                             |                                                                                                        |
| <b>WHO MAY AVAIL:</b>                                                                                   | Residents of Antipolo City who are in crisis situation needing linkages with other possible sources of assistance                                                                                  |                                                                                                        |
| CHECKLIST OF REQUIREMENTS                                                                               |                                                                                                                                                                                                    | WHERE TO SECURE                                                                                        |
| 1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy |                                                                                                                                                                                                    | - Client / Office of the City Mayor                                                                    |
| 2. Barangay Certificate of Indigency (if for PAO & AICS Purposes) – Original copy                       |                                                                                                                                                                                                    | - Barangay Hall                                                                                        |
| 3. Medical Certificate/Funeral Contract (if for AICS) – Original or Certified True Copy                 |                                                                                                                                                                                                    | - Hospital / medical center / clinic                                                                   |
| 4. Certificate of Birth, for minor client – Certified True Copy                                         |                                                                                                                                                                                                    | - City Civil Registrar's Office                                                                        |
| 5. Any government-issued ID card – Original and 1 photocopy                                             |                                                                                                                                                                                                    | - BIR, Post Office, DFA, SSS, GSIS, LTO<br>Pag-IBIG, COMELEC, Barangay, NBI, or PSA<br>(Phil ID / PSN) |
| 6. Barangay Certificate of Residency (for Antipolo Residents)                                           |                                                                                                                                                                                                    | - Barangay Hall                                                                                        |

| CLIENT STEPS                                                     | AGENCY ACTION                             | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE            |
|------------------------------------------------------------------|-------------------------------------------|-----------------|-----------------|-------------------------------|
| 1. Submit the requirements to the CSWDO Information Desk/Triage. | 1. Receive and validate the requirements. | None            | 2 minutes       | CSWDO Staff, Information Desk |

|                                                                                                                                                       |                                                                                                 |             |                   |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|-------------------|------------------------------------------|
| 2. Once called, proceed to the assigned Social Worker / Social Development Worker.                                                                    | 2. Call the client and refer him/her to the assigned Social Worker / Social Development Worker. | None        | 2 minutes         | CSWDO Staff, Information Desk            |
| 2.1 Submit to interview.                                                                                                                              | 2.1 Interview the client and, at the same time, prepare the Referral Letter                     | None        | 45 minutes        | Social Worker/ Social Development Worker |
| 3. Receive the signed Referral Letter                                                                                                                 | 3. Print, sign and issue the Referral Letter to the client for photocopying.                    | None        | 6 minutes         | Social Worker/ Social Development Worker |
| 3.1 Sign / acknowledge receipt of the Social Case Study Report on the photocopy and submit the same to the Social Worker / Social Development Worker. | 3.1 Receive the photocopy of the Social Case Study Report for record purposes.                  | None        |                   |                                          |
|                                                                                                                                                       | <b>TOTAL:</b>                                                                                   | <b>None</b> | <b>55 minutes</b> |                                          |

## ISSUANCE OF SENIOR CITIZEN'S ID CARD / BOOKLET

The Senior Citizen (SC) ID is an official identification card that serves as proof that the individual whose photograph and personal information appear on the card is a senior citizen, aged sixty (60) years and above. Possession of the SC ID entitles the holder to avail of the privileges and benefits provided under Republic Act No. 9994, otherwise known as the Expanded Senior Citizens Act of 2010.

The Senior Citizen (SC) Purchase Booklet, on the other hand, serves as an official record of purchases made by the senior citizen. It also functions as a monitoring tool to ensure the proper use of the SC discount and to prevent misuse of the privileges granted under the law.

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| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Senior Citizen Section (Elderly Development Program)<br>Office of the Senior Citizens Affair (OSCA)                                                                                                                                                |
| <b>CONTACT DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OFFICE: OSCA Section, G/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:cswd@antipolocitygov.com/">cswd@antipolocitygov.com/</a><br>TEL.NO.: 8689-4565                                                                                              |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Complex                                                                                                                                                                                                                                                                                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Residents of Antipolo City who are 60 years of age and above                                                                                                                                                                                                                                     |
| <b>CHECKLIST OF REQUIREMENTS<br/>NEW/TRANSFeree<br/>/REPLACEMENT/LOST I.D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                           |
| <p><i>For new ID applicant</i></p> <ol style="list-style-type: none"> <li>1. Duly filled-out Senior Citizen Data Form – to be accomplished by the client</li> <li>2. Birth Certificate (<i>Primary Requirements</i>)</li> <li>3. Any (2) valid government-issued ID card with date of birth and residential address of the senior citizen (<i>Secondary Requirements - if the Birth Certificate is not available</i>) - <i>Physical ID and Xerox</i></li> <li>4. 2x2 ID picture with white background</li> </ol> | <ul style="list-style-type: none"> <li>- CSWDO– Elderly SC Development Section/OSCA</li> <li>- PSA or Local Civil Registrar's Office</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Philhealth, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Senior Citizen</li> </ul> |

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| <ol style="list-style-type: none"> <li>5. Signature and thumb mark of the senior citizen on plain blank paper.</li> <li>6. Barangay Certificate of Residency stating the length of stay in the present address– Original copy.</li> <li>7. Authorization Letter with original and photocopy of valid government ID of the senior citizen and his/her authorized representative (if the senior citizen cannot personally process his/her application for senior citizen ID)</li> </ol> | <ul style="list-style-type: none"> <li>- Senior Citizen</li> <li>- Barangay Hall</li> <li>- Senior Citizen and Authorized Representative</li> </ul>                                                                                                                                                                                                                  |
| <p><b><i>For transferee:</i></b></p> <ol style="list-style-type: none"> <li>1. Cancellation Letter</li> <li>2. Barangay Certificate of Residency</li> <li>3. Any valid government ID</li> <li>4. Authorization Letter with original and photocopy of valid government ID of the senior citizen and his/her authorized representative (if the senior citizen cannot personally appear)</li> </ol>                                                                                      | <ul style="list-style-type: none"> <li>- LGU/OSCA where the senior citizen is currently registered</li> <li>- Barangay Hall where the senior citizen transferred residence</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Philhealth, Barangay, NBI, or PSA (Phil ID / PSN)</li> <li>- Senior Citizen and Authorized Representative</li> </ul> |
| <p><b><i>For lost ID</i></b></p> <ol style="list-style-type: none"> <li>1. Affidavit of Loss</li> <li>2. Any valid government ID (Original and photo copy)</li> <li>3. Authorization Letter with original and photocopy of valid government ID of the senior citizen and his/her authorized representative (if the senior citizen cannot personally appear)</li> </ol>                                                                                                                | <ul style="list-style-type: none"> <li>- City Administrator's Office/Notary Public<br/>Barangay Hall</li> <li>- Senior Citizen</li> <li>- Senior Citizen and Authorized Representative</li> </ul>                                                                                                                                                                    |

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| <p><i>For replacement of Faded or Worn-out PVC ID</i></p> <ol style="list-style-type: none"> <li>1. Original and photocopy of senior citizen ID</li> <li>2. Authorization Letter with original and photocopy of valid government ID of the senior citizen and his/her authorized representative (if the senior citizen cannot personally appear)</li> </ol> <p>(Note: Those senior citizens holding a laminated senior citizen ID card are considered new applicants)</p> | <ul style="list-style-type: none"> <li>- Senior Citizen</li> <li>- Senior Citizen and Authorized Representative</li> </ul>                                                                      |
| <p><i>For replacement of SC Purchase Booklet:</i></p> <ol style="list-style-type: none"> <li>1. Fully utilized purchase booklet</li> <li>2. Senior Citizen (SC) ID card</li> <li>3. Affidavit of Loss, for lost SC Purchase Booklet</li> <li>4. Authorization Letter with original and photocopy of valid government ID of the senior citizen and his/her authorized representative (if the senior citizen cannot personally appear)</li> </ol>                           | <ul style="list-style-type: none"> <li>- Senior Citizen</li> <li>- Senior Citizen</li> <li>- Notary Public/City Admin Office</li> <li>- Senior Citizen and Authorized Representative</li> </ul> |

#### **A. FOR SENIOR CITIZEN'S ID CARD:**

| <b>CLIENT STEPS</b>                                                       | <b>AGENCY ACTION</b>                                                                                       | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                        |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------|------------------------|--------------------------------------------------|
| 1. Submit the requirements to the CSWDO–Elderly Development Section/OSCA. | 1. Receive, review, validate, and approve the requirements.                                                | None                   | 3 minutes              | CSWDO Elderly Development Section/<br>OSCA Staff |
| 2. Once called, submit to biometric registration.                         | 2. Encode the information then capture the client's face photograph, fingerprint biometrics and signature. | None                   | 10 minutes             | Encoder                                          |
| 2.1 Secure a claim stub.                                                  | 2.1 Issue the claim stub indicating the date of release of the SC ID card.                                 | None                   |                        |                                                  |

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| 2.2 None | 2.2 Tag the application for printing of the SC ID card. | None |  |  |
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| 3. Return to CSWDO–OSCA on the specified time and present the claim stub.                                              | 3. Check the claim stub and request the client to sign in the Log Book for issued SC ID and Purchase Booklet. | None        | 2 minutes         | CSWDO Elderly Development Section/<br>OSCA Staff |
| 3.1 Sign in the Log Book for SC ID card and Purchase Booklet Log Book and receive the SC ID card and Purchased Booklet | 3.1 Issue the SC ID card and Purchase Booklet.                                                                | None        | 1 minute          |                                                  |
|                                                                                                                        | <b>TOTAL:</b>                                                                                                 | <b>None</b> | <b>19 minutes</b> |                                                  |

**FOR REPLACEMENT OF FULLY UTILIZED SC PURCHASE BOOKLET:**

| CLIENT STEPS                                                            | AGENCY ACTION                                                                              | FEES TO BE PAID | PROCESSING TIME  | PERSON RESPONSIBLE                               |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|------------------|--------------------------------------------------|
| 1. Submit the requirements the CSWDO– Elderly Development Section/OSCA. | 1. Receive, review, and validate the requirements.                                         | None            | 2 minutes        | CSWDO Elderly Development Section/<br>OSCA Staff |
| 1.1 Sign in the Logbook for Issued Purchase Booklet                     | 1.1 Facilitate the client's signature in the logbook upon release of the purchase booklet. | None            | 1 minute         | CSWDO Elderly Development Section/<br>OSCA Staff |
| 2. Receive the SC purchase booklet.                                     | 2. Issue the SC Purchase Booklet.                                                          | None            | 1 minute         | CSWDO Elderly Development Section/<br>OSCA Staff |
|                                                                         | <b>TOTAL:</b>                                                                              | <b>None</b>     | <b>4 minutes</b> |                                                  |



## 6. ISSUANCE OF SENIOR CITIZEN'S CAKE VOUCHER

The City Government of Antipolo provides free birthday cake to senior citizens as a token of appreciation for their valuable contributions to the country's progress and development. Senior citizens may claim the cake voucher at the Office of the Senior Citizens Affairs (OSCA) during their birth month. The voucher may be used at partner agencies three (3) days before the birthday, on the actual birthday, and up to three (3) days after the birthday.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Senior Citizen Section (Elderly Development Program)<br>Office of the Senior Citizens Affairs (OSCA)                                                                |                                                                                                                                                      |                  |                                               |
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| <b>CONTACT DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICE: OSCA Section, G/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8689-4565 |                                                                                                                                                      |                  |                                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complex                                                                                                                                                                                                           |                                                                                                                                                      |                  |                                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                                                                                                                   |                                                                                                                                                      |                  |                                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Residents of Antipolo City who are 60 years old and above and who own a PVC Senior Citizen Identification Card issued by the Office of the Senior Citizen Affairs                                                 |                                                                                                                                                      |                  |                                               |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   | WHERE TO SECURE                                                                                                                                      |                  |                                               |
| <ol style="list-style-type: none"> <li>1. Duly filled-out Senior Citizen Data Form ( for senior citizens whose data are not yet updated in the Antipolo Office of Senior Citizen Affairs Database</li> <li>2. Senior Citizen ID Card – Original and photocopy with 3 specimen signature)</li> <li>3. . Authorization Letter with original and photocopy of valid government ID of the senior citizen and his/her authorized representative (if the senior citizen cannot personally claim)</li> </ol> |                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>- Senior Citizen</li> <li>- Senior Citizen</li> <li>- Senior Citizen and Authorized Representative</li> </ul> |                  |                                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AGENCY ACTION                                                                                                                                                                                                     | FEES TO BE PAID                                                                                                                                      | PROCESSING TIME  | PERSON RESPONSIBLE                            |
| 1. Submit the requirements to the CSWDO–ElderlyDevelopment Section/OSCA.                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Receive, review, and validate the requirements.                                                                                                                                                                | None                                                                                                                                                 | 1 minute         | CSWDO Elderly Development Section/ OSCA Staff |
| 2. Once called, sign the Issued Cake Voucher Form..                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. Encode, print, and issue the cake voucher.                                                                                                                                                                     | None                                                                                                                                                 | 2 minute         | CSWDO Elderly Development Section/ OSCA Staff |
| 3. Receive the cake voucher.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3.. Facilitate the client's signature in the logbook upon release of. the cake voucher.                                                                                                                           | None                                                                                                                                                 | 1 minute         | CSWDO Elderly Development Section/ OSCA Staff |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                   | <b>None</b>                                                                                                                                          | <b>4 minutes</b> |                                               |

## 7. ISSUANCE OF SOCIAL CASE STUDY REPORT

A Social Case Study Report (SCSR) is a description of socio-economic condition of the client that justifies his/her eligibility to avail assistance such as medical, financial, burial, transportation, and educational assistance from government, non-government, or civil society organizations.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Administrative Services Division<br>Crisis Intervention & Disaster Response Management Division (CIDRMD)                                                                |                                                                                                                                                                                                                                                                                                                       |                            |                               |
| <b>CONTACT DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE: Triage, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8689-4578/8584-7758 |                                                                                                                                                                                                                                                                                                                       |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Simple                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Residents of Antipolo City who are in crisis situation needing linkages with other possible sources of assistance                                                                                                     |                                                                                                                                                                                                                                                                                                                       |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                |                            |                               |
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Barangay Certificate of Indigency – Original copy</li> <li>3. Clinical/Medical Abstract / Medical Certificate / Prescription / Quotation of Treatment, Surgery, Orthopedic Device, Laboratory Requests, if applicable – Original or Certified True Copy</li> <li>4. Acceptance Letter from private hospital, if needed – Original copy</li> <li>5. Any government-issued ID card – Original and 1 photocopy</li> </ol> |                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- Barangay Hall</li> <li>- Hospital / medical center / clinic</li> <li>- Hospital / medical center / clinic</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> </ul> |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AGENCY ACTION</b>                                                                                                                                                                                                  | <b>FEES TO<br/>BE PAID</b>                                                                                                                                                                                                                                                                                            | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the CSWDO-Triage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. Receive and validate the requirements.                                                                                                                                                                             | None                                                                                                                                                                                                                                                                                                                  | 2 minutes                  | CSWDO Staff, Information Desk |

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| 2. Once called, proceed to the assigned Social Worker / Social Development Worker. | 2. Call the client and refer him/her to the assigned Social Worker / Social Development Worker. | None | 2 minutes  | CSWDO Staff, Information Desk |
| 2.1 . Submit to interview for Social Case Study Report (SCSR).                     | 2.1. Interview the client for assessment, and prepare the Social Case Study Report (SCSR).      | None | 30 minutes | Social Worker/ Social         |

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|                                                                                                                                   |                                                                                              |             |                   | Development Worker                       |
| 3. Receive the signed Social Case Study Report (SCSR) and have it photocopied.                                                    | 3. Print, sign and issue the Social Case Study Report (SCSR) to the client for photocopying. | None        | 6 minutes         | Social Worker/ Social Development Worker |
| 3.1 Sign / acknowledge receipt of the SCSR on the photocopy and submit the same to the Social Worker / Social Development Worker. | 3.1 Receive the photocopy of the SCSR for record purposes.                                   | None        |                   |                                          |
|                                                                                                                                   | <b>TOTAL:</b>                                                                                | <b>None</b> | <b>40 minutes</b> |                                          |

## 8. ISSUANCE OF SOLO PARENT ID/CERTIFICATION

The City Social Welfare and Development Office (CSWDO) facilitates the issuance of Solo Parent ID / Certification which is a requirement in availing of the benefits and privileges in accordance to the Solo Parent Republic Act No. 11861 or the Expanded Solo Parents Welfare Act, which amended Republic Act No. 8972 otherwise known as the Solo Parents Welfare Act of 2000.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Social Services to Solo Parent Section                                                                                                                                                                                                                            |
| <b>CONTACT DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE: Solo Parent Section, G/F, GAD Center, P. Burgos St.<br>Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a> /<br><a href="mailto:soloparentantipolo@gmail.com">soloparentantipolo@gmail.com</a><br>TEL.NO.: 8689-4565 |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complex                                                                                                                                                                                                                                                                                                         |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G2C – Government to Citizen;<br>G2B – Government to<br>Business;<br>G2G – Government to Government                                                                                                                                                                                                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Residents of Antipolo City who are considered Solo Parents as defined<br>in<br>R.A. 8972                                                                                                                                                                                                                        |
| <b>CHECKLIST OF REQUIREMENTS<br/>FOR NEW APPLICANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                          |
| <b>A.1 BIRTH OF A CHILD AS A<br/>CONSEQUENCE OF RAPE</b><br><br>1. Birth certificate/s of the child or<br>children;<br><br>2. Complaint affidavit;<br><br>3. Medical record on the incident of<br>rape;<br><br>4. Sworn affidavit declaring that the<br>solo parent has the sole parental care<br>and support of the child or children at<br>the time of the execution of affidavit:<br>Provided, that for purposes of issuance<br>of subsequent SPIC and booklet, only<br>the sworn affidavit shall be submitted<br>every year; and<br><br>5. Affidavit of a barangay official<br>attesting that the solo parent is a<br>resident of the barangay and the child<br>or children is/are under the parental<br>care and support of the solo parent. | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's<br/>Office</li> <li>- Law Enforcement/Office of the<br/>Prosecutor</li> <li>- Health Care Facility</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>                        |

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| <p><b>A.2 WIDOW/WIDOWER</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of the child or children;</li> <li>2. Marriage certificate;</li> <li>3. Death certificate of the spouse;</li> <li>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent, and has the sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, only the sworn affidavit shall be submitted every year; and</li> <li>5. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</li> </ol> | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |
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| <p><b>A.3 SPOUSE OF PERSON DEPRIVED OF LIBERTY</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of the child or children;</li> <li>2. Marriage certificate;</li> <li>3. Certificate of detention or a certification that the spouse is serving sentence for at least three (3) months issued by the law-enforcement agency having actual custody of the detained spouse or commitment order by the court pursuant to a conviction of the spouse;</li> <li>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent, and has the sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, requirement numbers (3) and (4) under this paragraph shall be submitted every year; and</li> <li>5. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or</li> </ol> | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- Jail Concerned/Warden</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |
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| <p>children is/are under the parental care and support of the solo parent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |
| <p><b>A.4 SPOUSE OF PERSON WITH PHYSICAL OR MENTAL INCAPACITY</b></p> <p>1. Birth certificate/s of the child or children;</p> <p>2. Marriage certificate or affidavit of cohabitation:</p> <p>3. Medical records, medical abstract, or a certificate of confinement in the National Center for Mental Health or any medical hospital or facility as a result of the spouse's physical or mental incapacity, which record, medical abstract or certificate of confinement of the incapacitated spouse should have been issued not more than three (3) months before the submission, or a valid Person With Disability ID issued pursuant to Republic Act No. 10754 and Republic Act No. 7277, or the Magna Carta for Disabled Persons;</p> <p>4. Sworn affidavit that the solo parent is not cohabiting with a partner or co-parent and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, requirement numbers (3) and (4) under this paragraph shall be submitted every year; and</p> <p>5. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</p> | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- Philippine Statistic Authority (PSA)/ Barangay Hall</li> <li>- Hospital / medical center / clinic, PDAO/CSWDO-PWD Section</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |

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| <p><b>A.5 DUE TO LEGAL SEPARATION OR DE FACTO SEPARATION</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of the child or children;</li> <li>2. Marriage certificate;</li> <li>3. Judicial decree of legal separation of the spouses or, in the case of de facto separation, an affidavit of two (2) disinterested persons attesting to the fact of separation of the spouses;</li> <li>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent, and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, requirement numbers (3) and (4) under this paragraph shall be submitted every year; and</li> <li>5. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</li> </ol> | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- City Admin Office/Notary Public</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>              |
| <p><b>A.6 DUE TO NULLITY OR ANNULMENT OF MARRIAGE</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of the child or children;</li> <li>2. Marriage certificate, annotated with the fact of declaration of nullity of marriage or annulment of marriage;</li> <li>3. Judicial decree of nullity or annulment of marriage or judicial recognition of foreign divorce;</li> <li>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, only the sworn affidavit shall be submitted every year; and</li> <li>5. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</li> </ol>                                          | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- Office of the President/Regional Trial Court</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |

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| <p><b>A.5 DUE TO LEGAL SEPARATION OR DE FACTO SEPARATION</b></p> <ol style="list-style-type: none"> <li>1. Marriage certificate</li> <li>2. Judicial decree of legal separation of the spouses or, in the case of de facto separation, an affidavit of two (2) disinterested persons attesting to the fact of separation of the spouses; and</li> <li>3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent, and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, requirement numbers (3) and (4) under this paragraph shall be submitted every year; and</li> <li>4. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</li> </ol> | <ul style="list-style-type: none"> <li>- Local Civil Registrar's Office/Notary Public or City Admin Office</li> <li>- Family Court</li> <li>- Notary Public or City Admin Office</li> <li>- Barangay Hall</li> </ul> |
| <p><b>A.6 DUE TO NULLITY OR ANNULMENT OF MARRIAGE</b></p> <ol style="list-style-type: none"> <li>1. Marriage certificate, annotated with the fact of declaration of nullity of marriage or annulment of marriage</li> <li>2. Judicial decree of nullity or annulment of marriage or judicial recognition of foreign divorce.</li> <li>3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, only the sworn affidavit shall be submitted every year; and</li> <li>4. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay</li> </ol>                                                                                                                                            | <ul style="list-style-type: none"> <li>- PSA</li> <li>- Office of the President/Regional Trial Court</li> <li>- Notary Public or City Admin Office</li> <li>- Barangay Hall</li> </ul>                               |



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| and that the child or children is/are under the parental care and support of the solo parent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |
| <b>A.7 ABANDONMENT BY THE SPOUSE</b><br><br>1. Birth certificate/s of the child or children;<br>2. Marriage certificates or affidavit of the applicant solo parent;<br>3. Affidavit of two (2) disinterested persons attesting to the fact of abandonment of the spouse;<br>4. Police or barangay record of the fact of abandonment;<br>5. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent, and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, only sworn affidavit shall be submitted every year; and<br>6. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent. | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- City Admin Office/Notary Public</li> <li>- Police Station/ Barangay Hall</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |

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| <p><b>B.1 SPOUSE OF OFW/<br/>B.2 RELATIVE OF OFW</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of dependents;</li> <li>2. Marriage certificate, if the applicant is the spouse of the OFW, or birth certificate or the other competent proof of the relationship between the applicant and the OFW, if the applicant is a family member of the OFW;</li> <li>3. Philippine Overseas Employment Administration Standard Employment Contract (POEA-SEC) or its equivalent document;</li> <li>4. Photocopy of the OFW's passport with stamps showing continuous twelve (12) months of overseas work, or a certification from the Bureau of Immigration;</li> <li>5. Proof of income of the OFW's spouse or family member;</li> <li>6. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, requirement numbers (3), (4), (5), and (6) under this paragraph shall be submitted every year; and</li> <li>7. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</li> </ol> | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- OFW's Employer</li> <li>- Client</li> <li>- OFW's Employer</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |
| <p><b>C. UNMARRIED PERSON</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of the child or children;</li> <li>2. Certificate of No Marriage (CENOMAR);</li> <li>3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has sole parental care and support of the child or children: Provided, that for the purposes of issuance of subsequent SPIC and booklet, requirement numbers (2), (3) and (4) under this paragraph shall be submitted every year; and</li> <li>4. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>                                                                       |

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| <p><b>D. LEGAL GUARDIAN / ADOPTIVE PARENT / FOSTER PARENT</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of the child or children;</li> <li>2. Proof of guardianship, such as the decision granting legal guardianship issued by a court; proof of adoption, such as the decree of adoption issued by a court, or order of Adoption issued by the DSWD or the National Authority on Child Care (NACC); proof of foster care such as the Foster Parent License issued by the DSWD or the NACC;</li> <li>3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has sole parental care and support of the child or children: Provided, that for purposes of issuance of subsequent SPIC and booklet, requirement number (3) and (4) under this paragraph shall be submitted every year; and</li> <li>4. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</li> </ol> | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- National Authority on Child Care (NACC)/ Family Court</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>                                                                                           |
| <p><b>E. RELATIVE WITHIN THE FOURTH (4TH) CIVIL DEGREE OF CONSAGUINITY OF AFFINITY:</b></p> <ol style="list-style-type: none"> <li>1. Birth certificate/s of the child or children;</li> <li>2. Death certificate, certificate of incapacity, or judicial declaration of absence or presumptive death of the parents or legal guardian; police or barangay records evidencing the fact of disappearance or absence of the parent or legal guardian for at least six (6) months;</li> <li>3. Proof of relationship of the relative to the parent or legal guardian, such as birth certificate, marriage certificate, family records, or other similar or analogous proof of relationship;</li> <li>4. Sworn affidavit declaring that the solo parent has sole parental care and support of the child or children: Provided, that for purposes of issuance of</li> </ol>                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil</li> <li>- Registrar's Office, Hospital/ medical center / clinic, PDAO/CSWDO-PWD Section/Police Station/ Barangay Hall</li> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- City Admin Office/Notary Public</li> </ul> |

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| <p>subsequent SPIC and booklet, requirement numbers (3) and (4) under this paragraph shall be submitted every year; and</p> <p>5. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and that the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p>                                                                                                                                                 | <ul style="list-style-type: none"> <li>- Barangay Hall</li> </ul>                                                                        |
| <p><b>F. PREGNANT WOMAN</b></p> <ol style="list-style-type: none"> <li>1. Medical record of her pregnancy;</li> <li>2. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay; and</li> <li>3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent who is providing support to the pregnant woman.</li> </ol>                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>- Hospital, Clinic</li> <li>- Barangay Hall</li> <li>- City Admin Office/Notary Public</li> </ul> |
| <b>CHECKLIST OF REQUIREMENTS FOR RENEWAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>WHERE TO SECURE</b>                                                                                                                   |
| <p><b>A.1 BIRTH OF A CHILD AS A CONSEQUENCE OF RAPE</b></p> <ol style="list-style-type: none"> <li>1. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</li> <li>2. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</li> </ol> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p> | <ul style="list-style-type: none"> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>                             |
| <p><b>A.2 WIDOW/WIDOWER</b></p> <ol style="list-style-type: none"> <li>1. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</li> <li>2. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child</li> </ol>                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>- City Admin Office/Notary Public</li> </ul>                                                      |

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| <p>or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>- Barangay Hall</li> </ul>                                                                                         |
| <p><b>A.3 SPOUSE OF PERSON DEPRIVED OF LIBERTY</b></p> <p>1. Certificate of detention or a certification that the spouse is serving sentence for at least three (3) months issued by the law-enforcement agency having actual custody of the detained spouse or commitment order by the court pursuant to a conviction of the spouse;</p> <p>2. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</p> <p>3. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p> | <ul style="list-style-type: none"> <li>- Jail Concerned/Warden</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>             |
| <p><b>A.4 SPOUSE OF PERSON WITH PHYSICAL OR MENTAL INCAPACITY</b></p> <p>1. Medical records, medical abstract, or a certificate of confinement in the National Center for Mental Health or any medical hospital or facility as a result of the spouse's physical or mental incapacity, which record, medical abstract or certificate of confinement of the incapacitated spouse should have been issued not more than three (3) months before the submission, or a valid Person With Disability ID issued pursuant to Republic Act No. 10754 and Republic Act No. 7277, or the Magna Carta for Disabled Persons;</p> <p>2. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</p>                                                                   | <ul style="list-style-type: none"> <li>- Hospital / medical center / clinic, PDAO/CSWDO-PWD Section</li> <li>- City Admin Office/Notary Public</li> </ul> |

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| <p>3. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>- Barangay Hall</li> </ul>                                                                                       |
| <p><b>A.5 DUE TO LEGAL SEPARATION OR DE FACTO SEPARATION</b></p> <p>1. Judicial decree of legal separation of the spouses or, in the case of de facto separation, an affidavit of two (2) disinterested persons attesting to the fact of separation of the spouses;</p> <p>2. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</p> <p>3. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p> | <ul style="list-style-type: none"> <li>- City Admin Office/Notary Public</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |
| <p><b>A.6 DUE TO NULLITY OR ANNULMENT OF MARRIAGE</b></p> <p>1. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</p> <p>2. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p>                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>                                            |

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| <p><b>A.7 ABANDONMENT BY THE SPOUSE</b></p> <p>1. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</p> <p>2. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p>                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>                                                                       |
| <p><b>B.1 SPOUSE OF OFW/<br/>B.2 RELATIVE OF OFW</b></p> <p>1. Philippine Overseas Employment Administration Standard Employment Contract (POEA-SEC) or its equivalent document;</p> <p>2. Photocopy of the OFW's passport with stamps showing continuous twelve (12) months of overseas work, or a certification from the Bureau of Immigration;</p> <p>3. Proof of income of the OFW's spouse or family member;</p> <p>4. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit; and</p> <p>5. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p> | <ul style="list-style-type: none"> <li>- OFW's Employer</li> <li>- Client</li> <li>- OFW's Employer</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |
| <p><b>C. UNMARRIED PERSON</b></p> <p>1. Certificate of No Marriage (CENOMAR);</p> <p>2. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- City Admin Office/Notary Public</li> </ul>                |

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| <p>the time of the execution of affidavit;<br/>and</p> <p>3. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>- Barangay Hall</li> </ul>                                                                                                                            |
| <p><b>D. LEGAL GUARDIAN / ADOPTIVE PARENT / FOSTER PARENT</b></p> <p>1. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit;<br/>and</p> <p>2. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p>                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul>                                                                                 |
| <p><b>E. RELATIVE WITHIN THE FOURTH (4TH) CIVIL DEGREE OF CONSAGUINITY OF AFFINITY:</b></p> <p>1. Proof of relationship of the relative to the parent or legal guardian, such as birth certificate, marriage certificate, family records, or other similar or analogous proof of relationship;</p> <p>2. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit;<br/>and</p> <p>3. Affidavit of a barangay official attesting that the solo parent is a resident of the barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p><i>(Only when the signatory of the affidavit has changed his position in the barangay or is no longer connected to the barangay)</i></p> | <ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA)/ Local Civil Registrar's Office</li> <li>- City Admin Office/Notary Public</li> <li>- Barangay Hall</li> </ul> |
| <b>CHECKLIST OF REQUIREMENTS FOR LOST I. D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>WHERE TO SECURE</b>                                                                                                                                                                       |
| <p><i>In case of Lost Solo Parent I.D. Card:</i></p> <ol style="list-style-type: none"> <li>1. Affidavit of Loss</li> <li>2. Any government-issued ID card – Original and 1 (one) photocopy</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>- City Admin Office/Notary Public</li> <li>- Client</li> </ul>                                                                                        |



| CHECKLIST OF REQUIREMENTS FOR TRANSFEREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                  |
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| <p><i>Additional/Requirement for Transferee (from other city/municipality)</i></p> <ol style="list-style-type: none"> <li>1. Certificate of Cancellation from CSWDO/MSWDO (previous address/residency).</li> <li>2. Certificate of Residency from present address.</li> <li>3. Original and photocopy of Solo Parent I.D.</li> </ol> <p><i>Additional/Requirement for Transferee (to other city/municipality)</i></p> <ol style="list-style-type: none"> <li>1. Certificate of Cancellation from CSWDO, Antipolo City.</li> <li>2. Certificate of Residency from present address.</li> <li>3. Original and photocopy of Solo Parent I.D.</li> </ol> | <ul style="list-style-type: none"> <li>- CSWDO/MSWDO</li> <li>- Barangay Hall</li> <li>- Client</li> <li>- CSWDO, Solo Parent Office</li> <li>- Barangay Hall</li> <li>- Client</li> </ul>                                       |
| OTHER REQUIREMENT/S FOR NEW AND RENEWAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WHERE TO SECURE                                                                                                                                                                                                                  |
| <ol style="list-style-type: none"> <li>1. Application Form – to be accomplished by the client</li> <li>2. Solo Parents Orientation Seminar Certificate of Attendance</li> <li>3. Affidavit of no employment, low income; or Income Tax Return (ITR) or similar tax returns; or any verifiable proof of income</li> <li>4. 1 pc. 2x2 latest ID picture</li> <li>5. All new and renewal applicants for interview and home visit, if needs further assessment and validation</li> </ol> <p><i>Additional requirement for Renewal:</i><br/>-Old Solo Parent Identification Card</p>                                                                     | <ul style="list-style-type: none"> <li>- CSWDO, Solo Parent Office</li> <li>- Client</li> <li>- City Admin Office/Notary Public, Employer/BIR</li> <li>- Client</li> <li>- CSWDO, Solo Parent Office</li> <li>-Client</li> </ul> |

(Note: If the applicant cannot personally claim the Solo Parent ID, an authorization letter and any valid ID of the applicant and the authorized representative are required)

- Client and authorized representative

| CLIENT STEPS                                                                                   | AGENCY ACTION                                                                                                                                                                                                                   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                        |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------|
| 1. Submit the requirements to the CSWDO - Solo Parent Office                                   | 1. Receive, review, validate and pre-approve the requirements.                                                                                                                                                                  | None            | 20 minutes      | CSWDO, Solo Parent Office Frontdesk Staff |
| 1.1 Secure, fill out, and submit Application Form (Annex B 2023) and documentary requirements. | 1.1 Issue Application Form (Annex B 2023 and Needs Assessment Form then check if both are duly filled-out.                                                                                                                      | None            |                 |                                           |
|                                                                                                | 1.2 Forward the duly accomplished form and requirements to the Section Head/Focal Point Person for final approval.                                                                                                              | None            |                 | Section Head/Focal Point Person           |
|                                                                                                | 1.3 Thoroughly review the requirements, conduct interviews, and inform the applicant that his application is approved and instructed to go back to the front desk staff for the claim stub and schedule of orientation seminar. | None            |                 |                                           |

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| 2. Once approved, secure a claim stub and a schedule for Solo Parents Orientation Seminar. | 2. Issue the claim stub indicating the date/ schedule for Solo Parents Orientation Seminar and release of ID     | None | 5 minutes  | CSWDO, Solo Parent Office Personnel |
|                                                                                            | 2.1 Encode the information then tag for printing of ID.<br><br>2.2 Tag approved applications for printing of ID. | None | 15 minutes | Encoder<br><br>Encoder              |

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| 3. Return to CSWDO– Solo Parent Office on the specified date and present the claim stub.<br><br>3.1.Applicant's attendance To the orientation seminar on R.A. 11861.<br><br>3.2 Sign in the Folder for Attendance and receive the Certificate of Attendance and Solo Parent ID Card. | 3. Facilitate the orientation seminar on R.A. 11861<br><br>3.1 Check the claim stub and instruct the solo parent to proceed to the venue for the orientation seminar<br><br>3.2 Request/assist the solo parent to sign in the Orientation Seminar Attendance Sheet and Folder for Issued ID.<br><br>3.3 Issue the Certificate of Attendance and ID. | None<br><br>None                                                                                                          | 1 ½ hours                                  | CSWDO, Solo Parent Office Personnel |
|                                                                                                                                                                                                                                                                                      | 4. Home visitation and validation (when necessary).                                                                                                                                                                                                                                                                                                 | 4. Conduct home visitation and validation if the initial interview and documents have irregularities and inconsistencies. | 1 day                                      | CSWDO, Solo Parent Office Personnel |
|                                                                                                                                                                                                                                                                                      | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                       | <b>None</b>                                                                                                               | <b>1 day,<br/>2 hours &amp; 10 minutes</b> |                                     |

## AVAILMENT OF TRAFFIC VIOLATING DISCOUNT

Assistance provided for the poor, vulnerable and marginalized families and individuals, low-income families who are committed forms of any traffic violation and penalties

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                         | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Crisis Intervention & Disaster Response Management Division (CIDRMD) - Relief and Public Assistance Program<br>(Mayor's Help Desk)                                                                         |                                                                                                                                                                                                                          |                   |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|
| <b>CONTACT DETAILS</b>                                                                                                                                                                                                                                                                                               | OFFICE: Mayor's Help Desk, 2/F, City Hall Main Building, Manuel L. Quezon Corner Carigma St., Brgy. San Roque, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8689-4578 |                                                                                                                                                                                                                          |                   |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                               | Simple                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |                   |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                         | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                           |                                                                                                                                                                                                                          |                   |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                | Residents of Antipolo City who are committed forms of any traffic violation and penalties                                                                                                                                                                |                                                                                                                                                                                                                          |                   |                               |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | WHERE TO SECURE                                                                                                                                                                                                          |                   |                               |
| <ol style="list-style-type: none"> <li>1. Letter of Request addressed to the City Mayor with attached Data Tracking Form (DTF) – Original copy</li> <li>2. Ordinance Violation Receipt— Original and 1 photocopy</li> <li>3. Driver's License or any government-issued ID card – Original and 1 photocopy</li> </ol> |                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>- Client / Office of the City Mayor</li> <li>- OPSS Officer</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN)</li> </ul> |                   |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                         | AGENCY ACTION                                                                                                                                                                                                                                            | FEES TO BE PAID                                                                                                                                                                                                          | PROCESSING TIME   | PERSON RESPONSIBLE            |
| 1. Submit the requirements to the Mayor's Help Desk                                                                                                                                                                                                                                                                  | 1. Receive and validate the requirements.                                                                                                                                                                                                                | None                                                                                                                                                                                                                     | 2 minutes         | CSWDO Staff, Information Desk |
| 2. Once called, proceed to the assigned Staff                                                                                                                                                                                                                                                                        | 2. Receive and encode the information in the Data Base System                                                                                                                                                                                            | None                                                                                                                                                                                                                     | 4 minutes         | CSWDO Staff, Information Desk |
| 3. None                                                                                                                                                                                                                                                                                                              | 3. Prepare the Endorsement Letter                                                                                                                                                                                                                        | None                                                                                                                                                                                                                     | 2 minutes         | CSWDO Staff, Information Desk |
| 4. Receive the Endorsement Letter to OPSS                                                                                                                                                                                                                                                                            | 4. Issue the Endorsement Letter to OPSS for settlement or redemption                                                                                                                                                                                     | None                                                                                                                                                                                                                     | 2 minutes         | CSWDO Staff, Information Desk |
|                                                                                                                                                                                                                                                                                                                      | <b>TOTAL:</b>                                                                                                                                                                                                                                            | <b>None</b>                                                                                                                                                                                                              | <b>10 minutes</b> |                               |

## AVAILMENT OF MERALCO LIFELINE CERTIFICATION

According to Section 4 of Republic Act 9136, also known as the Electric Power Industry Reform Act of 2001 (EPIRA), the Lifeline Rate is the subsidized rate provided to eligible low-income power utility customers who are beneficiaries of the 4Ps Act and considered to be living below the poverty threshold. The Energy Regulatory Commission (ERC) established percentage discount thresholds known as the "Lifeline Rate," a socialized pricing mechanism. Under the lifeline rate program, qualified customers should have a monthly electricity consumption of 100 kilowatt hours (kWh) or below to avail the discount

| <b>OFFICE/<br/>DIVISION:</b>                                | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Administrative Services Division                                                                                                                                                                                                                    |                                                                                                   |                    |                                     |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------|-------------------------------------|
| <b>CONTACT DETAILS</b>                                      | OFFICE: Admin, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8584-7758                                                                                        |                                                                                                   |                    |                                     |
| <b>CLASSIFICATION:</b>                                      | Simple                                                                                                                                                                                                                                                                                            |                                                                                                   |                    |                                     |
| <b>TYPES OF<br/>TRANSACTION:</b>                            | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                                                                    |                                                                                                   |                    |                                     |
| <b>WHO MAY AVAIL:</b>                                       | Residents of Antipolo City who are qualified low-income electricity utility customers who are financially unable to pay their bills in full, one application from the same household and should have a monthly electricity consumption of 100 kilowatt hours (kWh) or below to avail the discount |                                                                                                   |                    |                                     |
| CHECKLIST OF REQUIREMENTS                                   |                                                                                                                                                                                                                                                                                                   | WHERE TO SECURE                                                                                   |                    |                                     |
| 1. Latest Meralco Bill— Original and 1 photocopy            |                                                                                                                                                                                                                                                                                                   | - Client / Office of the City Mayor                                                               |                    |                                     |
| 2. Any government-issued ID card – Original and 1 photocopy |                                                                                                                                                                                                                                                                                                   | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN) |                    |                                     |
| CLIENT STEPS                                                | AGENCY ACTION                                                                                                                                                                                                                                                                                     | FEES TO<br>BE PAID                                                                                | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE               |
| 1. Submit the requirements to the CSWD Admin                | 1. Receive and validate the requirements                                                                                                                                                                                                                                                          | None                                                                                              | 2 minutes          | CSWDO<br>Staff, Information<br>Desk |
| 2. Once called, proceed to the assigned Staff               | 2. Conduct interview and assessment                                                                                                                                                                                                                                                               | None                                                                                              | 4 minutes          | CSWDO<br>Staff                      |

|                                               |                                               |             |                   |             |
|-----------------------------------------------|-----------------------------------------------|-------------|-------------------|-------------|
| 3. None                                       | 3. Prepare the MERALCO Lifeline Certification | None        | 4 minutes         | CSWDO Staff |
| 4. Receive the MERALCO Lifeline Certification | 4. Issue the MERALCO Lifeline Certification   | None        | 2 minutes         | CSWDO Staff |
|                                               | <b>TOTAL:</b>                                 | <b>None</b> | <b>12 minutes</b> |             |

## RESPONSE TO CITIZEN'S COMPLAINT

Pursuant to the authority of the Office of the Cabinet Secretary under Section 8 of Executive Order No. 6 s. 2016, institutionalizing the Citizen's 8888 Complaint Hotline/Presidential Complaints Center and establishing the Citizen's Complaint Center, the government's policy is to eliminate red tape, prevent graft and corruption, and enhance the provision of government services by establishing an efficient and trustworthy public feedback system for complaints, issues, and assistance requests made to the government, its agencies, or its officers and employees.

| <b>OFFICE/<br/>DIVISION:</b>              | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Administrative Services Division                                                                                                                             |                    |                    |                       |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| <b>CONTACT DETAILS</b>                    | OFFICE: Admin, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8584-7758 |                    |                    |                       |
| <b>CLASSIFICATION:</b>                    | Simple                                                                                                                                                                                                     |                    |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>          | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                             |                    |                    |                       |
| <b>WHO MAY AVAIL:</b>                     | Residents of Antipolo City who submit a complaint/s and request/s to 8888 and PCC addressed to government agencies                                                                                         |                    |                    |                       |
| CLIENT STEPS                              | AGENCY ACTION                                                                                                                                                                                              | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. None                                   | 1. Receive complaint from 8888, Presidential Action Center, Civil Service Commission and other agency through email from HRMO                                                                              | None               | 2 minutes          | CSWDO Admin Staff     |
| 2. None                                   | 2. Read and analyze the complaint and check the system if old or new client                                                                                                                                | None               | 5 minutes          | CSWDO Admin Staff     |
| 3. The complainant needs to take the call | 3. Call the complainant about the concern to assess the problem                                                                                                                                            | None               | 5 minutes          | CSWDO Admin Staff     |
| 4. None                                   | 4. Give the complaint to the concerned office for analyzation/action and a reply letter                                                                                                                    | None               | 24 hours           | CSWDO Admin Staff     |
| 5. Receive the reply letter               | 5. Send the reply letter to the complainant through the barangay where the complainant resides                                                                                                             | None               | 8 hours            | CSWDO Admin Staff     |

|         |                                            |             |                                        |                   |
|---------|--------------------------------------------|-------------|----------------------------------------|-------------------|
| 6. None | 6. Provide HRMO a copy of the reply letter | None        | 4 hours                                | CSWDO Admin Staff |
|         | <b>TOTAL:</b>                              | <b>None</b> | <b>1 day, 12 hours, and 10 minutes</b> |                   |



## ISSUANCE OF MAYOR'S PERMIT (NGO's/PEOPLE'S ORG/RELIGIOUS ORG/CIVIL SOCIETY ORG/HOMEOWNER'S ASSOCIATION)

All businesses, whatever the legal form, are required to secure a Mayor's Permit from the City Government where they are located. Mayor's Permit is required to ensure that the business or any organization operating within the City complies with all the ordinances, laws, regulations, and tax obligations of the City Government of Antipolo that operates in and act as proof and follows certain laws.

| <b>OFFICE/<br/>DIVISION:</b>                                              | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Administrative Services Division                                                                                                                             |                             |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>CONTACT DETAILS</b>                                                    | OFFICE: Admin, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:socialwelfare.antipolo@gmail.com">socialwelfare.antipolo@gmail.com</a><br>TEL.NO.: 8584-7758 |                             |
| <b>CLASSIFICATION:</b>                                                    | Simple                                                                                                                                                                                                     |                             |
| <b>TYPES OF<br/>TRANSACTION:</b>                                          | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                             |                             |
| <b>WHO MAY AVAIL:</b>                                                     | For Religious Organization, People's Organization, Civil Society Organization, and Homeowners Association Organization                                                                                     |                             |
| CHECKLIST OF REQUIREMENTS FOR<br>NEW AND RENEWAL                          |                                                                                                                                                                                                            | WHERE TO SECURE             |
| <i>For Non-Government Organization/Other Sector:</i>                      |                                                                                                                                                                                                            |                             |
| 1. Application Form for Mayor's Permit – to be accomplished by the client |                                                                                                                                                                                                            | - Client                    |
| 2. SEC/CDA/HULRB Registration—Original and Photocopy                      |                                                                                                                                                                                                            | - SEC/CDA/HULRB             |
| 3. Old Mayor's Permit (if any) —Original and Photocopy                    |                                                                                                                                                                                                            | - CSWDO                     |
| 4. Sanitary Permit to Operate—Original and Photocopy                      |                                                                                                                                                                                                            | - City Health Office        |
| 5. Fire Inspection Certificate—Original and Photocopy                     |                                                                                                                                                                                                            | - Bureau of Fire Protection |
| 6. Barangay Permit—Original and Photocopy                                 |                                                                                                                                                                                                            | - Barangay                  |
| 7. Registration/License/Accreditation from DSWD—Original and Photocopy    |                                                                                                                                                                                                            | - DSWD                      |

| 8. Environment Permit to Operate—Original and Photocopy<br><br>9. Order of Payment (Receipt) |               | - CEWMO<br><br>- City Treasurer's Office |                 |                    |
|----------------------------------------------------------------------------------------------|---------------|------------------------------------------|-----------------|--------------------|
| CLIENT STEPS                                                                                 | AGENCY ACTION | FEES TO BE PAID                          | PROCESSING TIME | PERSON RESPONSIBLE |

|                                                                                  |                                                                                                          |                              |                             |                                     |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| 1. . Submit the requirements to the CSWD Admin                                   | 1. Receive and validate the requirements.                                                                | None                         | 3 minutes                   | CSWDO Admin Staff, Information Desk |
| 2. Assess the identity, credibility, and legitimacy of the organization          | 2. Input the information in the Database                                                                 | None                         | 2 minutes                   | CSWDO Admin Staff                   |
| 3. Secure the Order of Permit                                                    | 3. Issue the Order of Permit                                                                             | None                         | 10 minutes                  | CSWDO Admin Staff                   |
| 4 . Pay the required fees by showing the Order of Payment at the Treasury Office | 4. None                                                                                                  | Application fee – PHP 750.00 | 24 hours                    | Treasury Office Staff               |
| 5 . Secure the Official Receipt                                                  | 5. None                                                                                                  | None                         | 5 minutes                   | CSWDO Admin Staff                   |
| 6. Show the Official Receipt (OR)                                                | 6. Get the Official Receipt (OR) and prepare the Mayor's Permit and have it photocopied                  | None                         | 5 minutes                   | CSWDO Admin Staff                   |
| 7. Receive the Mayor's Permit and sign the photocopy                             | 7. Issue the original copy of the Mayor's Permit and request the client to sign the photocopy as receipt | None                         | 3 minutes                   | CSWDO Admin Staff                   |
|                                                                                  | <b>TOTAL:</b>                                                                                            | Application fee – PHP 750.00 | <b>1 day and 28 minutes</b> |                                     |

## ISSUANCE OF MAYOR'S PERMIT (FOR PUBLIC AND PRIVATE CHILD DEVELOPMENT CENTERS)

In the Philippines, both public and private child development centers are required to obtain a Mayor's Permit to operate legally, with applications generally submitted through the City or Municipal Social Welfare and Development Officer. Centers catering to children aged 0 to 4m must register at least six months prior to commencing services. The permit is valid for one year, needs to be renewed periodically, and issuance is contingent on compliance with standards set by the ECCD (Early Childhood Care and Development) Council

| <b>OFFICE/<br/>DIVISION:</b>                                                  | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Community Outreach Division I                                                                                                                                             |                                 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>CONTACT DETAILS</b>                                                        | OFFICE: Child and Youth Division, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:cswd@antipolocitygov.com">cswd@antipolocitygov.com</a><br>TEL.NO.: 8584-7758/8689-4582 |                                 |
| <b>CLASSIFICATION:</b>                                                        | Complex                                                                                                                                                                                                                 |                                 |
| <b>TYPES OF<br/>TRANSACTION:</b>                                              | G2C – Government to Citizen;<br>G2G – Government to Government<br>G2P – Government to Private Entities                                                                                                                  |                                 |
| <b>WHO MAY AVAIL:</b>                                                         | For public and private child development centers<br>(school-based/home-based/church-based/community-based) 0-4.11 years old clientele category                                                                          |                                 |
| CHECKLIST OF REQUIREMENTS FOR<br>NEW AND RENEWAL                              |                                                                                                                                                                                                                         | WHERE TO SECURE                 |
| 1. Application Form for Mayor's Permit – to be accomplished by the client     |                                                                                                                                                                                                                         | - City Child Development Center |
| 2. Complete ECCD Assessment Tools/ Checklist                                  |                                                                                                                                                                                                                         | - City Child Development Center |
| 3. SEC/CDA/HULRB Registration—Original and Photocopy                          |                                                                                                                                                                                                                         | - SEC/CDA/HULRB                 |
| 4. Old Mayor's Permit (if any) —Original and Photocopy                        |                                                                                                                                                                                                                         | - CSWDO                         |
| 5. Photocopy of pictures outside and inside of CDC (Child Development Center) |                                                                                                                                                                                                                         | - School Client                 |
| 6. Order of Payment (Receipt)                                                 |                                                                                                                                                                                                                         | - City Treasurer's Office       |

| CLIENT STEPS                                                                    | AGENCY ACTION                                                                                            | FEES TO BE PAID                     | PROCESSING TIME             | PERSON RESPONSIBLE    |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|-----------------------|
| 1. Submit the requirements to the Child Development Center                      | 1. Receive and validate the requirements.                                                                | None                                | 3 minutes                   | CSWDO Daycare Staff   |
| 2. Assess the identity, credibility, and legitimacy of the organization         | 2. Input the information in the Database                                                                 | None                                | 2 minutes                   | CSWDO Daycare Staff   |
| 3. Secure the Order of Permit                                                   | 3. Issue the Order of Permit                                                                             | None                                | 10 minutes                  | CSWDO Daycare Staff   |
| 4. Pay the required fees by showing the Order of Payment at the Treasury Office | 4. None                                                                                                  | Application fee – PHP 750.00        | 24 hours                    | Treasury Office Staff |
| 5. Secure the Official Receipt                                                  | 5. None                                                                                                  | None                                | 5 minutes                   | CSWDO Daycare Staff   |
| 6. Show the Official Receipt (OR)                                               | 6. Get the Official Receipt (OR) and prepare the Mayor's Permit and have it photocopied                  | None                                | 5 minutes                   | CSWDO Daycare Staff   |
| 7. Receive the Mayor's Permit and sign the photocopy                            | 7. Issue the original copy of the Mayor's Permit and request the client to sign the photocopy as receipt | None                                | 3 minutes                   | CSWDO Daycare Staff   |
|                                                                                 | <b>TOTAL:</b>                                                                                            | <b>Application fee – PHP 750.00</b> | <b>1 day and 28 minutes</b> |                       |

## ISSUANCE OF PHILHEALTH CERTIFICATION

To access free PhilHealth benefits, indigent, low-income, or financially disadvantaged individuals must obtain certification from the City/Municipal Social Welfare and Development Office (C/MSWD). The certification allows patients to either become registered members or get immediate coverage for their medical treatments

|                                                                                                                     |                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |                    |                                     |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                | CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE<br>Administrative Services Division                                                                                                                                                                                                                    |                                                                                                                                              |                    |                                     |
| CONTACT DETAILS                                                                                                     | OFFICE: Admin, 2/F, GAD Center, P. Burgos St. Barangay San Jose, Antipolo City<br>E-MAIL ADD: <a href="mailto:cswd@antipolocitygov.com">cswd@antipolocitygov.com</a><br>TEL.NO.: 8584-7758                                                                                                        |                                                                                                                                              |                    |                                     |
| CLASSIFICATION:                                                                                                     | Simple                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                    |                                     |
| TYPES OF<br>TRANSACTION:                                                                                            | G2C – Government to Citizen; G2G – Government to Government                                                                                                                                                                                                                                       |                                                                                                                                              |                    |                                     |
| WHO MAY AVAIL:                                                                                                      | Residents of Antipolo City who are qualified low-income electricity utility customers who are financially unable to pay their bills in full, one application from the same household and should have a monthly electricity consumption of 100 kilowatt hours (kWh) or below to avail the discount |                                                                                                                                              |                    |                                     |
| CHECKLIST OF REQUIREMENTS                                                                                           |                                                                                                                                                                                                                                                                                                   | WHERE TO SECURE                                                                                                                              |                    |                                     |
| 1. Latest Meralco Bill— Original and 1 photocopy<br><br>2. Any government-issued ID card – Original and 1 photocopy |                                                                                                                                                                                                                                                                                                   | - Client / Office of the City Mayor<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, Barangay, NBI, or PSA (Phil ID / PSN) |                    |                                     |
| CLIENT STEPS                                                                                                        | AGENCY ACTION                                                                                                                                                                                                                                                                                     | FEES<br>TO<br>BE<br>PAID                                                                                                                     | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE               |
| 1. Submit the requirements to the CSWD Admin                                                                        | 1. Receive and validate the requirements                                                                                                                                                                                                                                                          | None                                                                                                                                         | 2 minutes          | CSWDO<br>Staff, Information<br>Desk |
| 2. Once called, proceed to the assigned Staff                                                                       | 2. Conduct interview and assessment                                                                                                                                                                                                                                                               | None                                                                                                                                         | 4 minutes          | CSWDO<br>Staff                      |

|                                               |                                               |             |                   |             |
|-----------------------------------------------|-----------------------------------------------|-------------|-------------------|-------------|
| 3. None                                       | 3. Prepare the MERALCO Lifeline Certification | None        | 4 minutes         | CSWDO Staff |
| 4. Receive the MERALCO Lifeline Certification | 4. Issue the MERALCO Lifeline Certification   | None        | 2 minutes         | CSWDO Staff |
|                                               | <b>TOTAL:</b>                                 | <b>None</b> | <b>12 minutes</b> |             |



# **City Veterinary Office**

## **External Services**



## 1. ANTI-RABIES VACCINATION AND PET REGISTRATION

The City Veterinary Office (CVO) provides anti-rabies vaccination for dogs and cats brought by walk-in clients. This is to ensure reduction in the number of rabies-carrying animals in the city. After vaccination, a Certificate of Registration will be issued that is non-transferable in accordance to City Ordinance No. 2008-306.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                    | CITY VETERINARY OFFICE<br>ANIMAL HEALTH AND WELFARE DIVISION |                      |                 |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------|-----------------|----------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                          | Simple                                                       |                      |                 |                                  |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                    | G2C – Government to Citizen                                  |                      |                 |                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                           | Pet owners residing in Antipolo City                         |                      |                 |                                  |
| CHECKLIST OF REQUIREMENTS                                                                                                                       |                                                              | WHERE TO SECURE      |                 |                                  |
| Presence of pet (dog/cat)                                                                                                                       |                                                              | - Client / pet owner |                 |                                  |
| CLIENT STEPS                                                                                                                                    | AGENCY ACTION                                                | FEES TO BE PAID      | PROCESSING TIME | PERSON RESPONSIBLE               |
| 1. Bring pet (dog/cat) to the City Veterinary Office (CVO) for examination/ assessment.                                                         | 1. Examine the dog/cat.                                      | None                 | 5 minutes       | Veterinarian/<br>Technical staff |
| 1.1 Submit to interview.                                                                                                                        | 1.1 Interview the client for additional information.         |                      |                 |                                  |
| 1.2 Secure Order of Payment.                                                                                                                    | 1.2 Issue the Order of Payment.                              |                      |                 |                                  |
| 2. Pay the required fees at the City Treasurer's Office located on the 1st floor of the Old City Hall Building by showing the Order of Payment. | 2. Accept the payment based on the Order of Payment.         | PHP 50.00/pet        | 20 minutes      | Revenue Collection Clerk         |
| 2.1 Secure Official Receipt.                                                                                                                    | 2.1 Issue the Official Receipt.                              |                      |                 |                                  |



|                                                                                                                                                 |                                                                                                                                                  |                          |                   |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|---------------------------------------------|
|                                                                                                                                                 |                                                                                                                                                  |                          |                   |                                             |
| <p>3. Return to the City Veterinary Office and show the Official Receipt.</p> <p>3.1 None</p> <p>3.2 Secure Certificate of Dog Registration</p> | <p>3. Check the Official Receipt.</p> <p>3.1 Administer the vaccine to the pets.</p> <p>3.2 Issue the Certificate of Dog / Cat Registration.</p> | <p>None</p> <p>None</p>  | <p>5 minutes</p>  | <p>Veterinary Staff</p> <p>Veterinarian</p> |
|                                                                                                                                                 | <b>TOTAL:</b>                                                                                                                                    | <b>PHP 50.00 per pet</b> | <b>30 minutes</b> |                                             |

## 2. ANTI-RABIES VACCINATION (MASS VACCINATION)

To ensure a wider coverage of the service, the City Veterinary Office conducts mass anti-rabies vaccination of dogs and cats at the barangay/community level to strengthen Rabies Control and Eradication Program of the City Government. Mass vaccination is conducted within 10 days from receipt of the request.

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |                                                                              |                        |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------|---------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                         | CITY VETERINARY OFFICE<br>ANIMAL HEALTH AND WELFARE DIVISION                                                                                                                                                                                           |                                                                              |                        |                                       |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                               | Complex                                                                                                                                                                                                                                                |                                                                              |                        |                                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                         | G2C – Government to Citizen                                                                                                                                                                                                                            |                                                                              |                        |                                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                | Pet owners residing in Antipolo City                                                                                                                                                                                                                   |                                                                              |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | <b>WHERE TO SECURE</b>                                                       |                        |                                       |
| 1. Letter of request addressed to the City Mayor thru the City Veterinary Office (CVO) – Original<br>2. Endorsement from the Punong Barangay – Original<br>3. Endorsement from the Homeowners Association – Original |                                                                                                                                                                                                                                                        | - Client<br><br>- Barangay Hall<br><br>- Homeowners Association (HOA) Office |                        |                                       |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                   | <b>FEES TO BE PAID</b>                                                       | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Submit the requirements to the City Veterinary Office (CVO).<br><br>1.1 Provide contact number and obtain schedule of mass vaccination                                                                            | 1. Receive the requirements.<br><br>1.1 Get the client's contact number and set the schedule of mass vaccination.                                                                                                                                      | None                                                                         | 9 days                 | Veterinary Staff                      |
| 2. Cooperate with CVO staff during the conduct of mass anti-rabies vaccination.                                                                                                                                      | 2. Conduct mass anti-rabies vaccination as scheduled.                                                                                                                                                                                                  | None                                                                         | 1 day                  | City Veterinarian and Technical Staff |
| 2.1 Advise pet owners to submit their dogs/ cats for examination/ check-up.<br><br>2.2 Submit pets to anti -rabies vaccination<br><br>2.3 Proceed to CVO technical staff concerned for advice.                       | 2.1 Assess each pet (dog/cat) if qualified for vaccination.<br><br>2.2 Administer anti-rabies vaccination.<br><br>2.3 If pet is not qualified, refer the owner to CVO Technical staff concerned for recommendation as to the health status of the pet. | None<br><br>None<br><br>None                                                 |                        | City Veterinarian and Technical Staff |

|                                                                                                                                                                             |                                                                                                                                                                                                                  |                          |                |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|---------------------------------------------------------------------|
| 2.4 Secure Order of Payment for unregistered dogs/cats.                                                                                                                     | 2.4 Issue the Order of Payment for unregistered dogs/cats.                                                                                                                                                       | None                     |                |                                                                     |
| 3. Pay to the revenue collection clerk present during the mass anti-rabies vaccination by showing the Order of Payment.<br><br>3.1 Secure Official Receipt.                 | 3. Accept the payment based on the Order of Payment.<br><br>3.1 Issue the Official Receipt.                                                                                                                      | PHP 50.00 / pet          |                | Revenue Collection Clerk                                            |
| 4. Secure Certificate of Dog/Cat Registration by showing the Official Receipt.<br><br>4.1 Sign in the Registry Log Book and secure the Certificate of Dog/Cat Registration. | 4. Check the Official Receipt and prepare the Certificate of Dog/Cat Registration.<br><br>4.1 Request the client to sign in the Registry Log Book and issue the duly signed Certificate of dog/cat registration. | None<br><br>None         |                | Veterinary Technician/<br>Veterinarian<br><br>Veterinary Technician |
|                                                                                                                                                                             | <b>TOTAL:</b>                                                                                                                                                                                                    | <b>PHP 50.00 per pet</b> | <b>10 days</b> |                                                                     |

### 3. ISSUANCE OF CERTIFICATE OF OWNERSHIP OF LARGE ANIMALS

The City Veterinary Office issues Certificate of Ownership to owners of large animals as part of its profiling of livestock, proper identification and proof of ownership by farmers, farm owners, individuals, etc.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                              | CITY VETERINARY OFFICE / LIVESTOCK DIVISION, AND<br>ANIMAL HEALTH AND WELFARE DIVISION                                                                                                                                                                                              |                                                                                                                        |                 |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                    | Complex / Highly Technical                                                                                                                                                                                                                                                          |                                                                                                                        |                 |                          |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                          | G2C – Government to Citizen                                                                                                                                                                                                                                                         |                                                                                                                        |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                     | All                                                                                                                                                                                                                                                                                 |                                                                                                                        |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     | WHERE TO SECURE                                                                                                        |                 |                          |
| 1. Letter of Request addressed to the City Mayor thru the City Veterinarian<br>2. Community Tax Certificate / Cedula<br>3. Barangay Clearance<br>4. Proof of ownership of the animal/s or Deed of Sale/s                  |                                                                                                                                                                                                                                                                                     | - Owner<br><br>- City Treasurer's Office / Barangay Hall<br>- Barangay Hall<br>- Current owner and or previous owner/s |                 |                          |
| CLIENT STEPS                                                                                                                                                                                                              | AGENCY ACTION                                                                                                                                                                                                                                                                       | FEES TO BE PAID                                                                                                        | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements to the City Veterinary Office.<br><br>For phone-in request, call CVO at tel. no. 8689-4514.<br><br>1.1 Submit to interview and provide needed information.<br><br>1.2 Secure Order of Payment. | 1. Receive the requirements.<br><br>Log the request and advise the client to prepare the requirements.<br><br>1.1 Interview the client and get his/her personal information, contact number, kind/s and number of animals for identification<br><br>1.2 Issue the Order of Payment. | None<br><br>None<br><br>None<br><br>None                                                                               |                 | CVO Technical Staff      |
| 2. Pay the required fees to the Cashier by showing the Order of Payment.<br><br>2.1 Secure Official Receipt.                                                                                                              | 2. Accept the payment based on the Order of Payment.<br><br>2.1 Issue the Official Receipt.                                                                                                                                                                                         | PHP 80.00/ animal – certificate<br><br>PHP 60.00 – Documentary Stamp per Certificate                                   |                 | Revenue Collection Clerk |

|                                                                                                                  |                                                                                                         |                                                                                      |                |                                    |
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|                                                                                                                  |                                                                                                         |                                                                                      |                |                                    |
| 3. Return to CVO, show the Official Receipt and obtain schedule                                                  | 3. Check the Official Receipt and set the schedule of identification of marking.                        | None                                                                                 |                | CVO Technical Staff                |
| 4. Cooperate with/ extend necessary assistance to the livestock technician during the identification of marking. | 4. During the identification of animals, get the history of the animals and their markings (cowlicks) . | None                                                                                 |                | Livestock Technician/ Veterinarian |
| 4.1 Receive the Certificate of Ownership with documentary stamp.                                                 | 4.1 Issue the Certificate of Ownership with documentary stamp.                                          | None                                                                                 |                |                                    |
|                                                                                                                  | <b>TOTAL:</b>                                                                                           | PHP 80.00/ -Animal Certificate;<br><br>PHP 60.00 – Documentary Stamp per Certificate | <b>10 days</b> |                                    |

#### 4. REDEMPTION OF IMPOUNDED ANIMALS

Stray dogs caught during the dog trapping operation shall be brought to the City Dog Pound/Animal Control Center for confinement for three (3) calendar days during which period the rightful owner may claim the animal/s after payment of fine or rendering a certain number of hours of community service and or payment of registration fee (for unregistered animals).

Note: "Transacting clients shall observe proper health protocols adopted by the Civil Service Commission in view of the COVID-19 pandemic."

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                | CITY VETERINARY OFFICE<br>ANIMAL HEALTH AND WELFARE DIVISION                              |
| <b>CLASSIFICATION:</b>                                                                                                      | Simple                                                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                | G2C – Government to Citizen                                                               |
| <b>WHO MAY AVAIL:</b>                                                                                                       | All                                                                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                            | <b>WHERE TO SECURE</b>                                                                    |
| 1. Dog leash and dog collar<br>2. Official Receipt<br>Release Form, or Certificate of Completion (for<br>Community Service) | - Pet owner<br>- City Treasurer's Extension Office, GAD Bldg.<br>- City Veterinary Office |

#### FOR PAYMENT OF FINE:

| CLIENT STEPS                                                                                  | AGENCY ACTION                                              | FEES TO<br>BE PAID                                                                                                                                 | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE        |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|
| 1. Proceed to the City<br>Veterinary Office (CVO)<br>for the redemption of<br>impounded pets. | 1. Interview the client<br>about his/her pet.              | None                                                                                                                                               | 5 minutes          | Assistant Technical<br>Staff |
| 1.1 Secure Order of<br>Payment.                                                               | 1.1 Issue the Order of<br>Payment.                         | None                                                                                                                                               |                    |                              |
| 2. Pay the required<br>fees to the Cashier by<br>showing the Order of<br>Payment.             | 2. Accept the payment<br>based on the Order of<br>Payment. | PHP<br>500.00 – 1 <sup>st</sup><br>Offense<br><br>PHP<br>1,000.00 –<br>2 <sup>nd</sup> Offense<br><br>PHP<br>3,000.00 –<br>3 <sup>rd</sup> Offense | 3 minutes          | Revenue<br>Collection Clerk  |
| 2.1 Secure Official<br>Receipt.                                                               | 2.1 Issue the Official<br>Receipt.                         | None                                                                                                                                               |                    |                              |

|                                                                                                             |                                                                                                                    |                                                                                                                                                    |                          |                                                     |
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|                                                                                                             |                                                                                                                    |                                                                                                                                                    |                          |                                                     |
| 3. Return to CVO and show the Official Receipt.                                                             | 3. Check the Official Receipt and orient the client on Responsible Dog Ownership and on pertinent city ordinances. | None                                                                                                                                               | 5 minutes                | Assistant Technical Staff                           |
| 3.1 Secure Release Form.                                                                                    | 3.1 Issue Release Form.                                                                                            | None                                                                                                                                               | 2 minutes                |                                                     |
| 4. Proceed to the Animal Control Center located in the GSO/Motor Pool Compound and submit the requirements. | 4. Receive the requirements.                                                                                       | None                                                                                                                                               | 1 day                    | CVO Personnel assigned at the Animal Control Center |
| 4.1 Claim the Official Receipt and the impounded pets.                                                      | 4.1 Release the impounded animals and return the Official Receipt to the client.                                   | None                                                                                                                                               |                          | Pound Keeper                                        |
|                                                                                                             | <b>TOTAL:</b>                                                                                                      | <b>PHP 500.00 – 1<sup>st</sup> Offense</b><br><br><b>PHP 1,000.00 – 2<sup>nd</sup> Offense</b><br><br><b>PHP 3,000.00 – 3<sup>rd</sup> Offense</b> | <b>1 day, 15 minutes</b> |                                                     |

#### FOR COMMUNITY SERVICE:

| CLIENT STEPS                                                                   | AGENCY ACTION                                                                       | FEES TO BE PAID | PROCESSING TIME                    | PERSON RESPONSIBLE        |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|------------------------------------|---------------------------|
| 1. Proceed to the City Veterinary Office for the redemption of impounded pets. | 1. Interview the client about his/her pet and refer him/her to CVO staff concerned. | None            | 5 minutes                          | Assistant Technical Staff |
| 1.1 Submit to orientation.                                                     | 1.1 Orient the client on his/her preferred community service.                       | None            |                                    |                           |
| 2. Complete the required number of hours of the community service.             | 2. Monitor the client's performance of community service.                           | None            | 8 hours – 1 <sup>st</sup> Offense  |                           |
| 2.1 Secure Certificate of Completion of Community Service.                     | 2.1 Issue Certificate of Completion.                                                | None            | 16 hours – 2 <sup>nd</sup> Offense |                           |
|                                                                                |                                                                                     |                 | 24 hours – 3 <sup>rd</sup> Offense |                           |

|                                                                                                             |                                  |      |                                          |                                                     |
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|                                                                                                             |                                  |      |                                          |                                                     |
| 3. Proceed to the Animal Control Center located in the GSO/Motor Pool Compound and submit the requirements. | 3. Receive the requirements.     | None | 10 minutes                               | CVO Personnel assigned at the Animal Control Center |
| 3.1 Claim the impounded pets.                                                                               | 1 Release the impounded animals. | None |                                          | Pound Keeper                                        |
|                                                                                                             | TOTAL:                           | None | 1 day – for the 1 <sup>st</sup> Offense  |                                                     |
|                                                                                                             |                                  | None | 2 days – for the 2 <sup>nd</sup> Offense |                                                     |
|                                                                                                             |                                  | None | 3 days – for the 3 <sup>rd</sup> Offense |                                                     |



## 5. REHOMING PETS / PET ADOPTION

All unclaimed dogs and cats impounded at the Animal Control Center including those which are voluntarily surrendered are put for adoption or rehoming, giving a chance for these pets to have a second home or new owner who will take care of them and love them unconditionally.

Note: "Transacting clients shall observe proper health protocols adopted by the Civil Service Commission in view of the COVID-19 pandemic."

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                 | CITY VETERINARY OFFICE / LIVESTOCK DIVISION, AND<br>ANIMAL HEALTH AND WELFARE DIVISION                                                                                                                                                  |                                                                                                                                                                                    |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                       | Simple                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                 | G2C – Government to Citizen                                                                                                                                                                                                             |                                                                                                                                                                                    |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                        | All                                                                                                                                                                                                                                     |                                                                                                                                                                                    |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                         | <b>WHERE TO SECURE</b>                                                                                                                                                             |                        |                           |
| 1. Age requirement: at least 18 years of age<br>2. Any government-issued ID card – 1 photocopy<br><br>3. Adoption Application Form – to be accomplished by the client<br>4. Notarized Pet Adoption Agreement – Original copy<br>5. Dog/cat cage / animal transport carrier   |                                                                                                                                                                                                                                         | - Adopter<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br>- City Legal Office<br><br>- City Legal Office / Notary Public<br><br>- Adopter |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                          | <b>AGENCY ACTION</b>                                                                                                                                                                                                                    | <b>FEES TO BE PAID</b>                                                                                                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to the City Legal Office and secure Adoption Application and Pet Adoption Agreement forms.<br><br>1.1 Fill out the Adoption Application Form and the Pet Adoption Agreement and submit once accomplished.<br><br>1.2 Understand fully the Pet Adoption Agreement. | 1. Check the client's age before issuing the Adoption Application Form and Pet Adoption Agreement.<br><br>1.1 Check the accomplished Adoption Application Form.<br><br>1.2 Interview the client and explain the Pet Adoption Agreement. | None                                                                                                                                                                               | 10 minutes             | Legal Office Staff        |
| 2. Proceed to the City Veterinary Office and submit the documentary requirements.                                                                                                                                                                                            | 2. Check the requirements.                                                                                                                                                                                                              | None                                                                                                                                                                               | 10 minutes             | CVO Staff                 |

|                                                                                                                |                                                                                                                                                                                                                |             |               |              |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------|
| 2.1 Submit to interview.                                                                                       | 2.1 Interview the client.                                                                                                                                                                                      | None        |               |              |
| 2.2 Receive the Endorsement Slip.                                                                              | 2.2 Issue the Endorsement Slip.                                                                                                                                                                                | None        |               |              |
| 3. Submit to the Pound Keeper the Endorsement Slip together with the dog/cat cage or Animal Transport Carrier. | 3. Receive the Endorsement Slip and the dog/cat cage or Animal Transport Carrier.<br><br><i>Note: The following are strictly observed:</i><br>a. "No Cage, No Adoption Policy"<br>b. "One Cage per Pet Policy" | None        | 40 minutes    | Pound Keeper |
| 3.1 Choose pet to adopt.                                                                                       | 3.1 Assist the client in choosing pet he/she likes to adopt.                                                                                                                                                   | None        |               |              |
| 3.2 Receive the adopted pet after the picture taking.                                                          | 3.2 Release to the client the adopted pet after the photo documentation.                                                                                                                                       | None        |               |              |
|                                                                                                                | <b>TOTAL:</b>                                                                                                                                                                                                  | <b>None</b> | <b>1 hour</b> |              |

## 6. REGISTRATION FOR AVAILMENT OF THE FREE ANIMAL SPAY AND NEUTER SERVICES

The City of Antipolo through the City Veterinary Office provides free services to pet owners for the spaying and neutering of their pets. When spayed or neutered, animals live longer. By spaying and neutering, we are reducing the population of stray animals in the City.

Note: "Transacting clients shall observe proper health protocols adopted by the Civil Service Commission in view of the COVID-19 pandemic."

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                            | CITY VETERINARY OFFICE<br>ANIMAL HEALTH AND WELFARE DIVISION                                                   |                                                                                                                                                                    |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                  | Complex                                                                                                        |                                                                                                                                                                    |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                            | G2C – Government to Citizen                                                                                    |                                                                                                                                                                    |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                   | All                                                                                                            |                                                                                                                                                                    |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                        |                                                                                                                | <b>WHERE TO SECURE</b>                                                                                                                                             |                        |                           |
| 1. Confirmation thru text of the spay / neuter schedule<br>2. Any government-issued ID card of the owner with Antipolo Address<br>3. Authorization letter, for representative – Original copy<br>4. Authorization letter from parent/guardian if client is below 18 years old<br>5. Presence of pets on the day of spay/neuter schedule |                                                                                                                | - Client<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br>- Pet owner<br><br>- Parent/guardian of the client<br>- Client |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                                           | <b>FEES TO BE PAID</b>                                                                                                                                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Walk in Registration at City Veterinary Office<br><br>1.1 Respond to text message/email and confirm attendance to spay and neuter services on the given date and time.<br><br>Note: Only clients with confirmation of schedule will be accommodated.                                                                                 | 1. Check the registration.<br><br>1.1 Send text message/ email to the client for the spay and neuter schedule. | None                                                                                                                                                               | 1 day                  | CVO Staff                 |
|                                                                                                                                                                                                                                                                                                                                         | <b>TOTAL:</b>                                                                                                  | <b>None</b>                                                                                                                                                        | <b>1 day</b>           |                           |

## 7. STRAY DOG TRAPPING SERVICES

Aside from the regular dog trapping operations conducted by the City Veterinary Office (CVO) pursuant to City Ordinance No. 2004-165, CVO also conducts dog trapping services in response to written, walk-in and phone-in requests. Dog trapping operation is conducted within 14 days from receipt of request. Citation tickets shall be issued to the owners of trapped animals (dogs, cats, etc.)

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                 |                                      |                        |                                                                                |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                      | CITY VETERINARY OFFICE<br>ANIMAL HEALTH AND WELFARE DIVISION                                                                                                    |                                      |                        |                                                                                |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                            | Simple                                                                                                                                                          |                                      |                        |                                                                                |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                      | G2C – Government to Citizen                                                                                                                                     |                                      |                        |                                                                                |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                             | All                                                                                                                                                             |                                      |                        |                                                                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                  |                                                                                                                                                                 | <b>WHERE TO SECURE</b>               |                        |                                                                                |
| 1. Letter of request addressed to the City Mayor thru the City Veterinarian – Original<br>Indicating, among others, the following information:<br>a. Contact person<br>b. Contact number<br>c. Complete address<br>d. Exact location where dog trapping is needed |                                                                                                                                                                 | - Barangay or Homeowners Association |                        |                                                                                |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                               | <b>AGENCY ACTION</b>                                                                                                                                            | <b>FEES TO BE PAID</b>               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                                      |
| 1. Submit the requirement to the City Veterinary Office (CVO).<br><br>For walk-in/phone-in request, provide details of the request.<br><br>1.1 Obtain schedule of stray dog trapping operation.                                                                   | 1. Receive the requirements.<br><br>Check the request and endorse the same to CVO Technical Staff.<br><br>1.1 Set the schedule of stray dog trapping operation. | None                                 | 13 days                | CVO Technical Staff<br><br>CVO Administrative Staff<br><br>CVO Technical Staff |
| 2. Cooperate with the CVO Dog Trapping Team during the conduct of stray dog trapping operation.                                                                                                                                                                   | 2. Conduct the stray dog trapping operation as scheduled.                                                                                                       | None                                 | 1 day                  | CVO Dog Trapping Team                                                          |
|                                                                                                                                                                                                                                                                   | <b>TOTAL:</b>                                                                                                                                                   | <b>None</b>                          | <b>14 days</b>         |                                                                                |

## 8. ASSISTANCE TO FARMERS THROUGH REGISTRY SYSTEM FOR BASIC SECTORS IN AGRICULTURE (RSBSA) ENROLMENT AND PHILIPPINE CROP INSURANCE CORPORATION (PCIC) APPLICATION

All farmers who own livestock animals or any veterinary-related commodities shall be registered to RSBSA. Farmers with existing RSBSA number are candidates for application to PCIC.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CITY VETERINARY OFFICE / LIVESTOCK DIVISION, AND ANIMAL HEALTH AND WELFARE DIVISION                   |                 |                                                                                                                                                                                                                              |                                             |
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| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Simple                                                                                                |                 |                                                                                                                                                                                                                              |                                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G2C – Government to Citizen                                                                           |                 |                                                                                                                                                                                                                              |                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | All                                                                                                   |                 |                                                                                                                                                                                                                              |                                             |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                 | WHERE TO SECURE                                                                                                                                                                                                              |                                             |
| <p>FOR RSBSA:</p> <ol style="list-style-type: none"> <li>1. Fully accomplished RSBSA Form</li> <li>2. Barangay Certificate/ Certificate of Ownership</li> <li>3. 1pc. 2x2 picture</li> <li>4. Photocopy of any Non-expired Government ID attached with 3 signature specimens</li> </ol> <p>FOR PCIC:</p> <ol style="list-style-type: none"> <li>1. RSBSA Number</li> <li>2. Fully accomplished PCIC Form</li> <li>3. Pictures of Owners with Animals being Insured</li> <li>4. Animal Certificate of Ownership</li> </ol> |                                                                                                       |                 | <p>Downloaded online or from CVO<br/>Administrative Staff<br/>Barangay Hall<br/>Client<br/>Client</p> <p>City Agriculture Office<br/>Downloaded online or from CVO<br/>Administrative Staff<br/>Client<br/>Barangay Hall</p> |                                             |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AGENCY ACTION                                                                                         | FEES TO BE PAID | PROCESSING TIME                                                                                                                                                                                                              | PERSON RESPONSIBLE                          |
| 1. Submit the requirements for RSBSA Registration to the City Veterinary Office (CVO).                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Receive the requirements. Submit to City Agricultural Office (CAO).                                | None            | 14 days                                                                                                                                                                                                                      | CVO Technical Staff<br>CAO Technical Staff  |
| 2. Submit the requirements for PCIC Application to the City Veterinary Office (CVO).                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Receive the requirements. Submit to PCIC via email or wait to be picked up by PCIC representative. | None            | 1-2 days                                                                                                                                                                                                                     | CVO Technical Staff<br>PCIC Technical Staff |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | <b>None</b>     | <b>15-16 days</b>                                                                                                                                                                                                            |                                             |

## 9. FOR OTHER QUERIES AND COMPLAINTS

Citizens of Antipolo City can reach out to City Veterinary Office for assistance to their inquiries and request. Any complaints or grievances will be promptly addressed and handled with utmost care and confidentiality if need be.

|                                                             |                                                          |                                    |                                                      |                                            |
|-------------------------------------------------------------|----------------------------------------------------------|------------------------------------|------------------------------------------------------|--------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                | CITY VETERINARY OFFICE / GENERAL ADMINISTRATIVE DIVISION |                                    |                                                      |                                            |
| <b>CLASSIFICATION:</b>                                      | Simple                                                   |                                    |                                                      |                                            |
| <b>TYPES OF<br/>TRANSACTION:</b>                            | G2C – Government to Citizen                              |                                    |                                                      |                                            |
| <b>WHO MAY AVAIL:</b>                                       | All                                                      |                                    |                                                      |                                            |
| <b>CHECKLIST OF REQUIREMENTS</b>                            |                                                          |                                    | <b>WHERE TO SECURE</b>                               |                                            |
| Valid ID (if necessary)                                     |                                                          |                                    | Valid ID - Any government-issued ID                  |                                            |
| Written complaint or query (letter, email, or request form) |                                                          |                                    | Complaint Form - City Veterinary Office / Front Desk |                                            |
| Supporting documents/evidence (if applicable)               |                                                          |                                    | Supporting Documents - From the client               |                                            |
| <b>CLIENT STEPS</b>                                         | <b>AGENCY ACTION</b>                                     | <b>FEES<br/>TO<br/>BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b>                           | <b>PERSON<br/>RESPONSIBLE</b>              |
| 1. Submit query/complaint (walk-in, email, or phone)        | 1. Receive and log the query/complaint                   | None                               | 5-10 Minutes                                         | CVO Technical Staff<br>CAO Technical Staff |
| 2. Provide necessary details and documents                  | 2. Assess and evaluate concern                           | None                               | 1-2 days                                             | CVO Technical Staff                        |
| 3. Wait for response/feedback                               | 3. Conduct action/investigation if needed                | None                               | 7-14 Days                                            | CVO Technical Staff                        |
| 4. Receive feedback/resolution                              | 4. Provide response and resolution                       | None                               | 1-2 Days                                             | CVO Technical Staff                        |
| <b>TOTAL:</b>                                               |                                                          | <b>None</b>                        | <b>15-16 days</b>                                    |                                            |



**Information Technology and Development  
Office (ITDO)  
External Services**



## 1. EVALUATION OF APPLICANT FOR EMPLOYMENT IN THE CITY GOVERNMENT

Information Technology and Development Office (ITDO) facilitates the examination and/or evaluation of applicant/s as endorsed by the City Human Resource Management Office (CHRMO).

|                                                                                                                                           |                                                                                                                                                                                                     |                                                                                                   |                                      |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                              | Information Technology and Development Office (ITDO)                                                                                                                                                |                                                                                                   |                                      |                                                                             |
| <b>CLASSIFICATION:</b>                                                                                                                    | Simple                                                                                                                                                                                              |                                                                                                   |                                      |                                                                             |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                          | G2C – Government to Citizen                                                                                                                                                                         |                                                                                                   |                                      |                                                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                     | Interested and qualified applicants for employment in the City Government of Antipolo                                                                                                               |                                                                                                   |                                      |                                                                             |
| <b>CHECKLIST OF REQUIREMENT/S</b>                                                                                                         |                                                                                                                                                                                                     | <b>WHERE TO SECURE</b>                                                                            |                                      |                                                                             |
| 1. Endorsement Letter from the CHRMO, with attached Personal Data Sheet (PDS) or resume.                                                  |                                                                                                                                                                                                     | - City Human Resource Management Office (CHRMO)<br>4 <sup>th</sup> Floor, City Hall Main Building |                                      |                                                                             |
| <b>CLIENT STEPS</b>                                                                                                                       | <b>AGENCY ACTION</b>                                                                                                                                                                                | <b>FEES TO<br/>BE PAID</b>                                                                        | <b>PROCESSING<br/>TIME</b>           | <b>PERSON<br/>RESPONSIBLE</b>                                               |
| 1. Submit the requirements.                                                                                                               | 1. Receive and check the requirements.                                                                                                                                                              | None                                                                                              | 2 minutes                            | Designated Administrative Officer / Admin Support Staff                     |
| 2. Undergo actual examination and/or assessment (skill test)                                                                              | 2. Administer actual examination/ assessment (skill test) and/or interview depending on the position applied for.<br><br>2.1 Preparation and submission of Applicant Evaluation Sheet to the CHRMO. |                                                                                                   | 2 hours                              | Designated Administrative Officer / Admin Support Staff and/or Tech Support |
| 3. Upon completion of examination, the applicant receives advice to wait for the information from CHRMO for the result of the examination | 3. Inform the applicant to wait for a call or text message from the CHRMO on the result of the examination.                                                                                         |                                                                                                   | 2 minutes                            | Designated Administrative Officer / Admin Support Staff and/or Tech Support |
|                                                                                                                                           | <b>TOTAL:</b>                                                                                                                                                                                       |                                                                                                   | <b>2 hours<br/>and 5<br/>minutes</b> |                                                                             |



## 2. LOCAL VACCINATION APPLICATION ASSISTANCE

The ITDO produces a system (Local Vaxcert) to create the local copy of Vaccination Certificates of the clients that may be used for local employment and travel. Currently, the DOH VaxCertPH is unavailable; thus, ITDO guides clients on how to generate their vaccination records through the use of eGOVph (<https://e.gov.ph/>).

| <b>OFFICE/<br/>DIVISION:</b>                                                 | Information Technology and Development Office (ITDO)                                                                                                                                                                                                                                           |                       |                      |                        |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|------------------------|
| <b>CLASSIFICATION:</b>                                                       | Simple                                                                                                                                                                                                                                                                                         |                       |                      |                        |
| <b>TYPES OF<br/>TRANSACTION:</b>                                             | G2C – Government to Citizen                                                                                                                                                                                                                                                                    |                       |                      |                        |
| <b>WHO MAY AVAIL:</b>                                                        | Vaccinated clients in the City of Antipolo                                                                                                                                                                                                                                                     |                       |                      |                        |
| CHECKLIST OF REQUIREMENT/S                                                   |                                                                                                                                                                                                                                                                                                |                       | WHERE TO SECURE      |                        |
| 1. Antipolo Vaccination Card<br>2. Any Government-issued identification card |                                                                                                                                                                                                                                                                                                |                       | - Client<br>- Client |                        |
| CLIENT STEPS                                                                 | AGENCY ACTION                                                                                                                                                                                                                                                                                  | FEES TO<br>BE<br>PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE  |
| 1. Present valid ID and vaccination card.                                    | 1. Input the client's information into the Antipolo City VaxCert System                                                                                                                                                                                                                        | None                  | 3 minutes            | Encoder/<br>ITDO Staff |
| 2. None                                                                      | a. If the record is found, download the generated Local Vaccination Certificate (Antipolo City VaxCert System) for printing.                                                                                                                                                                   |                       | 5 minutes            |                        |
|                                                                              | b. If the record needs to be corrected, update the required information at the Vaccinee Query of the VAS Line List Upload Tool (vaslinelist.dict.gov.ph)                                                                                                                                       |                       | 5 minutes            |                        |
|                                                                              | 2c. If the record is not found (no record found), perform the following: <ul style="list-style-type: none"> <li>- Check vaccine record on the Antipolo City VaxCert System (Local VaxCert)</li> <li>- If found available, upload the vaccine record on the VAS Line Import of t h e</li> </ul> |                       | 20 minutes           |                        |

|  |                                                                                                                                                                                                                                                                  |  |                                                                            |  |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
|  | VAS Line List Upload Tool<br>(vaslinelist.dict.gov.ph)                                                                                                                                                                                                           |  |                                                                            |  |
|  | 3. Download the generated Local Vaccination Certificate and print it for issuance to the client.                                                                                                                                                                 |  | 15 minutes                                                                 |  |
|  | 4. Download the eGovPH ( <a href="https://e.gov.ph">https://e.gov.ph</a> ) through App Store (IOS) or Google Play Store (Android) and register the required information. Click the Heart icon and choose VaxcertPH to take a screenshot of the client's VaxCert. |  | 15 minutes                                                                 |  |
|  | <b>TOTAL:</b>                                                                                                                                                                                                                                                    |  | <b>38 to 53 minutes<br/>(depending on the client's vaccination record)</b> |  |

## FILING OF COMPLAINT

Clients of the Information Technology and Development Office (ITDO) may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered during the transactions at ITDO.

| <b>OFFICE/ DIVISION:</b>                                                                              | Information Technology and Development Office (ITDO)                                                                      |                                                                                                                       |                                 |                                    |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                                                                    |                                                                                                                       |                                 |                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                          | G2G – Government to Government                                                                                            |                                                                                                                       |                                 |                                    |
| <b>WHO MAY AVAIL:</b>                                                                                 | ITDO Clients                                                                                                              |                                                                                                                       |                                 |                                    |
| CHECKLIST OF REQUIREMENTS                                                                             |                                                                                                                           | WHERE TO SECURE                                                                                                       |                                 |                                    |
| 1. Duly accomplished Complaint Form – original copy<br>2. Any government issued ID card – 1 photocopy |                                                                                                                           | - ITDO Administrative Division<br><br>-BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                                 |                                    |
| CLIENT STEPS                                                                                          | AGENCY ACTION                                                                                                             | FEES TO BE PAID                                                                                                       | PROCESSING TIME                 | PERSON RESPONSIBLE                 |
| 1. Submit the requirements                                                                            | 1. Receive the requirements and verify the nature of the complaint.                                                       | None                                                                                                                  | 4 minutes                       | ITDO Administrative Division/Staff |
| 1.1 Proceed to the ITDO Division/Section concerned for an interview/dialogue                          | 1. 1 Endorsed the complaint to the ITDO Division/Section Head concerned.                                                  | None                                                                                                                  | 1 minute                        |                                    |
| 2. Provide details of the complaint                                                                   | 2. Interview the client and/or conduct dialogue with the ITDO staff concerned                                             | None                                                                                                                  | 10 – 20 minutes                 |                                    |
| 2.1 Obtain the desired resolution of the complaint                                                    | 2.1 Resolve the issues and concerns raised by the client                                                                  | None                                                                                                                  | 5 – 15 minutes                  |                                    |
| 2.2 None                                                                                              | 2.2 Prepare the minutes of the interview/dialogue to be noted by the ITDO Head                                            | None                                                                                                                  | 5 – 10 minutes                  |                                    |
| 3. Obtain a copy of the minutes of the dialogue by signing the receiving copy                         | 3. Provide the client with a copy of the minutes of the dialogue and ensure that the client has signed the receiving copy | None                                                                                                                  | 5 minutes                       |                                    |
|                                                                                                       | <b>TOTAL:</b>                                                                                                             | None                                                                                                                  | <b>30 minutes to 55 minutes</b> |                                    |



**Information Technology and Development  
Office (ITDO)  
Internal Service**



## 1. TECHNICAL SUPPORT

Provide assistance or support to the City Government of Antipolo employees regarding hardware, software, and network requests.

| <b>OFFICE/ DIVISION:</b>                                 | Information Technology and Development Office (ITDO)                                                                                                               |                 |                                                              |                                   |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------|-----------------------------------|
| <b>CLASSIFICATION:</b>                                   | Simple                                                                                                                                                             |                 |                                                              |                                   |
| <b>TYPES OF TRANSACTION:</b>                             | G2G – Government to Government                                                                                                                                     |                 |                                                              |                                   |
| <b>WHO MAY AVAIL:</b>                                    | City Government of Antipolo Employees                                                                                                                              |                 |                                                              |                                   |
| CHECKLIST OF REQUIREMENT/S                               |                                                                                                                                                                    | WHERE TO SECURE |                                                              |                                   |
| Not Applicable                                           |                                                                                                                                                                    |                 |                                                              |                                   |
| CLIENT STEPS                                             | AGENCY ACTION                                                                                                                                                      | FEES TO BE PAID | PROCESSING TIME                                              | PERSON RESPONSIBLE                |
| 1. Call the ITDO Telephone Number and state the purpose. | 1. Receive and encode the phone-in request on the Office's Queuing System and inform the assigned ITDO personnel.                                                  | None            | 5 minutes                                                    | Designated Administrative Officer |
|                                                          | 2. Conduct remote technical support, if applicable. Otherwise, conduct on-site repair/troubleshooting as well as for network and internet or PABX / CCTV concerns. |                 | 2 hours                                                      | Tech Support                      |
| 2. Bring equipment to the ITDO for repair                | 3. Accept equipment and perform necessary repairs. (Sanitize equipment before and after repair).                                                                   |                 | 8 working hours<br>(6 hours – hardware and 2 hours software) | Tech Support                      |
|                                                          | 4. Notify the user / requesting office if equipment is ready for pick-up.                                                                                          |                 |                                                              | Designated Administrative Officer |
|                                                          |                                                                                                                                                                    |                 |                                                              |                                   |

|                                                                                                                                                       |                                                                                                                       |  |                                 |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|---------------------------------|-----------------------------------|
| 3. Provide confirmation for the services rendered, on-site or via phone call, and/or sign the Service Request Form (SRF) for the repair or task done. | 5. Receive, check, and review the client's confirmation (signed SRF for repair done).<br><br>6. Release of equipment. |  | 3 minutes                       | Designated Administrative Officer |
|                                                                                                                                                       | <b>TOTAL:</b>                                                                                                         |  | <b>10 hours &amp; 8 minutes</b> |                                   |



# **Office of the City Engineer**

## **External Services**



## 1) ISSUANCE OF EXCAVATION AND OR POLE PERMITS

The Office of the City Engineer (OCE) issues excavation and or pole permits for installation of water distribution lines, lateral and cross drains, electrical power, telecommunications and cable lines.

|                              |                                                                       |
|------------------------------|-----------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | OFFICE OF THE CITY ENGINEER (OCE)                                     |
| <b>CLASSIFICATION:</b>       | Complex                                                               |
| <b>TYPES OF TRANSACTION:</b> | G2C – Government to Citizen<br>G2B – Government to Business           |
| <b>WHO MAY AVAIL:</b>        | Utility companies, construction companies, residents of Antipolo City |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                     | WHERE TO SECURE                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| GENERAL REQUIREMENTS                                                                                                                                                                                                                          |                                                                    |
| 1. Duly accomplished application form                                                                                                                                                                                                         | Office of the City Engineer                                        |
| 2. Any government-issued ID card – 1 photocopy                                                                                                                                                                                                | BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA   |
| 3. Construction drawings / location plan – Original, 3 sets                                                                                                                                                                                   | Contractor / applicant                                             |
| 4. Location and excavation plans / details signed and sealed by the professional concerned except for the individual water connection and the like – Original copy                                                                            | Contractor / applicant                                             |
| 5. PRC ID card and Professional Tax Receipt (PTR) of the licensed professional concerned – original and 1 photocopy                                                                                                                           | Professional Regulatory Commission (PRC) / City Treasurer's Office |
| 6. Contract of Agreement, Notice of Award, Total Project Cost – Original copy                                                                                                                                                                 | Proponent of the contract (utility company)                        |
| 7. Barangay Clearance issued by the Punong Barangay who has jurisdiction over the project area – Original and 1 photocopy                                                                                                                     | Barangay Hall                                                      |
| 8. Mayors Permit – Original and 1 photocopy                                                                                                                                                                                                   | Business Permit and Licensing Office (BPLO)                        |
| 9. Restoration Deposit – to guarantee that the contractor, upon completion of the project, shall restore the damaged road and other structures to its original condition in accordance with the standards of acceptance prescribed by the OCE | Cash Bond / Surety as may be deemed necessary by the OCE           |
| 10. Maintenance Bond – to be utilized by the City Government in case there is a failure or defects as a result of poor workmanship in restoring the damaged areas done by the contractor within one (1) year from completion of the project   | Cash Bond / Surety as may be deemed necessary by the OCE           |
| 11. Construction Bond – to answer for the consequential damage on the roadway or any portion thereof, which is not covered by the excavation permit and would require repairs and restoration to its original condition.                      | Cash Bond / Surety as may be deemed necessary by the OCE           |
| OTHER REQUIREMENTS:                                                                                                                                                                                                                           |                                                                    |
| A. For Programmed Works                                                                                                                                                                                                                       |                                                                    |
| A.1. For Main Pipe Water Service Installation                                                                                                                                                                                                 |                                                                    |
| a. Request Letter / Slip                                                                                                                                                                                                                      | Client                                                             |
| b. Bill of Materials and Detailed Estimate of the Project – Original and 1 photocopy                                                                                                                                                          | Contractor / applicant                                             |



|                                                                                                                                                                                        |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| c. Proposed Construction schedule of PERT/CPM/Bar Chart – Original and 1 Photocopy                                                                                                     | Contractor / applicant               |
| d. Secretary's Certificate – 1 photocopy or Notarized affidavit authorizing the representative to secure the permit – Original                                                         | Contractor / applicant               |
| e. Street Map showing the adjusted traffic flow/pattern to be submitted to and subject to the approval of the OPSS in cases where traffic rerouting is considered necessary – Original | Office of Public Safety and Security |

|                                                                                                                          |                                                             |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| f. Clearance from the District Engineer of DPWH if the exaction project is located along a National Road – Original copy | Rizal 1 <sup>st</sup> District Engineering Office           |
| g. Clearance from the Provincial Engineer if the excavation project is located along a provincial road – Original copy   | Office of the Provincial Engineer, Rizal Provincial Capitol |
| A.2. For Individual House Water Service Connection                                                                       |                                                             |
| a. Pre-inspection / evaluation report by the utility company – Original copy                                             | Manila Water Rizal Office                                   |

### PROCESSING FEE

|                                                |          |
|------------------------------------------------|----------|
| Service Poles for houses connection .....      | P 200.00 |
| Individual Water Service connection .....      | P 200.00 |
| Utility Poles .....                            | P 200.00 |
| Power/Communication cabinet installation ..... | P 200.00 |

### EXCAVATION PERMIT FEE

|                                                                                                                                      |                 |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| For lineal meters (lm) or less but not over the minimum trench width of 0.50 meters .....                                            | P 500.00        |
| Over and above 50 lineal meters .....                                                                                                | P 50.00 / lm    |
| Over and above 0.50 meters trench width .....                                                                                        | P 50.00 / sq.m  |
| For installation of wooden / concrete utility pole .....                                                                             | P 200.00 / pole |
| Outdoor Cable lines installation permit fee                                                                                          |                 |
| These apply to repairs, changes of lines which have not been previously paid for before the adoption of City Ordinance No. 2018-863. |                 |
| Existing power lines .....                                                                                                           | (Exempted)      |
| New power lines .....                                                                                                                | P 5.00 / meter  |
| Communication lines per cable .....                                                                                                  | P 5.00 / meter  |
| Other equipment and apparatus                                                                                                        |                 |
| Power system                                                                                                                         |                 |
| Each transformer up to 1 kva. ....                                                                                                   | P 1,000.00      |
| Every fraction thereof in excess of 1 kva. ....                                                                                      | P 1.00          |
| Each transformer up to 2 kva. ....                                                                                                   | P 2,000.00      |
| Every fraction thereof in excess of 2 kva. ....                                                                                      | P 2.00          |
| Communication system                                                                                                                 |                 |
| Each public phone .....                                                                                                              | P 1,000.00      |
| Plant cable network cabinet.....                                                                                                     | P 2,000.00      |

### RESTORATION FEE

| Concrete Pavement |     |            |            |            |
|-------------------|-----|------------|------------|------------|
| Thickness         | per | 7 days     | 14 days    | 28 days    |
| 12"               | sqm | P 3,606.06 | P 3,471.81 | P 3,120.03 |
| 10"               | sqm | P 3,077.45 | P 2,965.58 | P 2,676.42 |
| 9"                | sqm | P 2,878.08 | P 2,775.15 | P 2,515.45 |
| 8"                | sqm | P 2,544.62 | P 2,456.61 | P 2,220.40 |
| 7"                | sqm | P 2,337.38 | P 2,256.84 | P 2,045.78 |
| 6"                | sqm | P 2,020.23 | P 1,953.11 | P 1,777.22 |
| 5"                | sqm | P 1,808.78 | P 1,750.59 | P 1,598.16 |
| 4"                | sqm | P 1,491.63 | P 1,446.86 | P 1,329.60 |

|                                           |                 |
|-------------------------------------------|-----------------|
| Asphalt Pavement .....                    | P 1,257.68/sqm  |
| Macadam Pavement .....                    | P 295.74/sqm    |
| Concrete Sidewalk .....                   | P 1,136.51/sqm  |
| Macadam Sidewalk .....                    | P 295.74/sqm    |
| Curb and Gutter .....                     | P 1,199.63/sqm  |
| RCCP                                      |                 |
| 12" dia.                                  | P 3,329.27      |
| 15" dia.                                  | P 4,052.39      |
| 18" dia.                                  | P 4,775.51      |
| 24" dia.                                  | P 6,422.04      |
| 30" dia.                                  | P 8,152.39      |
| 36" dia.                                  | P 10,727.12     |
| 42" dia.                                  | P 12,202.67     |
| 48" dia.                                  | P 13,539.08     |
| 60" dia.                                  | P 17,900.27     |
| 6" CHB Open Lined Canal                   |                 |
| 3 – Layers                                | P 6,613.74      |
| 2 – Layers                                | P 5,997.35      |
| 6" CHB Lined Canal w/ cover               |                 |
| 3 – Layers                                | P 7,791.41      |
| 2 – Layers                                | P 7,096.08      |
| 6" CHB Covered Canal                      |                 |
| 3 – Layers          2 - Layers            |                 |
| 0.3m P 4,938.94      0.3m                 | P 4,470.38      |
| 0.4m P 5,067.56      0.4m                 | P 4,601.63      |
| 0.5m P 5,197.50      0.5m                 | P 4,731.56      |
| 0.6m P 5,323.50      0.6m                 | P 4,864.13      |
| 0.7m P 5,461.31      0.7m                 | P 4,996.69      |
| Drainage Manhole                          |                 |
| CHB Wall (1.4m x 1.4m)                    | P 33,927.68/pc  |
| RC Wall (1.6m x 1.6m)                     | P 40,312.51/pc  |
| Reinforced Concrete Box Culvert (RCBC)    | P 9,329.21/sqm  |
| Ornamental Lamp Post                      | P 3,000.00/unit |
| Waiting Shed                              | P 7,500.00/unit |
| Street Sign Post                          | P 3,000.00/unit |
| City Owned Traffic Lighting System/others | As computed     |

**ENGINEERING SUPERVISION FEE** - Amount shall be equivalent to three percent (3%) of the total cost of Excavation and Restoration works as per contract

**PAYMENT OF BONDS/DEPOSIT** – This could be paid in Cash or Manager’s Check as may be prescribed by the City Engineer.

**RESTORATION DEPOSIT** – restoration cost is based on restoration rates as herein established, multiplied by the factor of 1.5.

**MAINTENANCE BOND** –the amount of bond shall be the reasonable amount as may be determined by the OCE, which is necessary in the proper maintenance of excavation works during its implementing period that is equivalent to 25% of the total amount of Restoration Deposit.

# **PROCESS OF AVAILING THE SERVICE:**

| CLIENT'S STEPS                                                                                                                                                                                    | AGENCIES ACTION                                                                                                                                                                                                                                                     | TRANSACTION TIME | RESPONSIBLE PERSON                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Submit the requirements to the Office of the City Engineer (OCE).                                                                                                                              | Receive requirements for initial evaluation and assessment                                                                                                                                                                                                          | 1 day            | Administrative Staff Receiving/ Releasing Section                                                                                                                          |
| 2. None<br><br>2.1 Obtain information as to the schedule of site investigation to be conducted by the OCE and other stakeholders concerned                                                        | Evaluate the documents as to technical standards and requirements.<br><br>Contact the applicant and other stakeholders concerned for the conduct of a joint site investigation and then turn the documents over to the inspector                                    | 1 day            | Assistant City Engineer / City Engineer<br><br>Administrative Staff                                                                                                        |
| 3. Extend cooperation during the site investigation.<br><br>3.1 None                                                                                                                              | Conduct site investigation jointly with the applicant and other stakeholders concerned (for mainline excavation and other programmed works).<br><br>Endorse to OPSS for the issuance of Traffic Clearance, and approval of the traffic rerouting plan, if necessary | 1 day            | Inspector and Representative of other utility companies<br><br>City Engineer                                                                                               |
| 4. Secure traffic Clearance<br><br>4.1 Return to the OCE and submit the Traffic Clearance and/or traffic rerouting plan for assessment of fees<br><br>4.2 None<br><br>4.3 Secure Order of Payment | Issue the Traffic Clearance<br><br>Receive the documents and forward to assessment clerk<br><br>Assess permit fees and charges<br><br>Issue the Order of Payment                                                                                                    | 1 day            | OPSS Traffic Management Division<br><br>Administrative Staff Receiving/ Releasing Section<br><br>Assessment Clerk<br><br>Administrative Staff Receiving/ Releasing Section |
| 5. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at Window 11/12/13.                                                                                       | Receive payment based on the Order of Payment. Issue the Official Receipt                                                                                                                                                                                           | 3 minutes        | Revenue Clerk                                                                                                                                                              |

|                                                                                   |                                                                                    |                               |                                                         |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------|
| Secure the Official Receipt                                                       |                                                                                    |                               |                                                         |
| 6. Return to the OCE and secure Excavation Permit by showing the Official Receipt | Check the Official Receipt.                                                        | 1 minutes                     | Administrative Staff<br>Receiving/<br>Releasing Section |
| 6.1 None                                                                          | Prepare the Excavation Permit                                                      | 5 minutes                     | Evaluation Clerk                                        |
| 6.2 None                                                                          | Review and sign the Excavation Permit                                              | 2 minutes                     | Assistant City<br>Engineer / City<br>Engineer           |
| 6.3 Sign in the Release Log Book and receive the Excavation Permit                | Request the Client to sign in the Release Log Book and Issue the Excavation Permit | 3 minutes                     | Administrative Staff<br>Receiving/<br>Releasing Section |
| <b>TOTAL (for excavation other than mainline excavation / programmed works):</b>  |                                                                                    | <b>4 days,<br/>14 minutes</b> |                                                         |
| <b>TOTAL (for mainline excavation and other programmed works):</b>                |                                                                                    | <b>3 days,<br/>14 minutes</b> |                                                         |

## 2) ISSUANCE OF COPY OF BUILDING PLAN AND OTHER DATA

The Office of the City Engineer (OCE) provides assistance to students requesting for copies of plans of government owned buildings and other data that they will use for research purposes only in compliance with their school's requirement.

|                              |                                                                                   |
|------------------------------|-----------------------------------------------------------------------------------|
| <b>OFFICE / DIVISION:</b>    | OFFICE OF THE CITY ENGINEER / ADMINISTRATIVE DIVISION and INFRASTRUCTURE DIVISION |
| <b>CLASSIFICATION:</b>       | Simple                                                                            |
| <b>TYPES OF TRANSACTION:</b> | G2C – Government to Citizen                                                       |
| <b>WHO MAY AVAIL:</b>        | Senior High School and College Students                                           |

| CHECKLIST OF REQUIREMENTS                                                                |                                                                                               | WHERE TO SECURE   |                                                   |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------|
| 1. Letter of request addressed to the City Mayor thru the City Engineer                  |                                                                                               | Client            |                                                   |
| CLIENT'S STEPS                                                                           | AGENCIES ACTION                                                                               | TRANSACTION TIME  | RESPONSIBLE PERSON                                |
| 1. Submit letter of request to the Office of the City Engineer – Administrative Division | Receive the letter and start processing the request.                                          | 3 minutes         | Administrative Staff Receiving/ Releasing Section |
| 1.1 Wait at the holding area.                                                            | Provide written instruction to staff.                                                         | 10 minutes        | City Engineer                                     |
| 1.2 None                                                                                 | Forward to the Infrastructure Division / Planning and Design Division for appropriate action. | 3 minutes         | Administrative Staff Receiving/ Releasing Section |
| 1.3 None                                                                                 | Check records and retrieve available documents on file.                                       | 15 minutes        | Records Custodian                                 |
|                                                                                          | Photocopy the documents                                                                       | 5 minutes         | Records Custodian                                 |
| 2. Sign in the Release Log and receive the documents                                     | Request the client to sign the Release Log Book and issue the documents.                      | 3 minutes         | Administrative Staff Receiving/ Releasing Section |
|                                                                                          | <b>TOTAL:</b>                                                                                 | <b>39 minutes</b> |                                                   |



# **Office of the City Mayor**

## **External Services**



## 1. ISSUANCE OF ENDORSEMENT / RECOMMENDATION LETTER

The Office of the City Mayor provides endorsement / recommendation letters to residents of Antipolo City for their Job application, request to the other government agencies for financial / medical assistance, application for new / renewal of passport, request to Department of Foreign Affairs on urgent concerns, and other purposes which need endorsement from the City Mayor / City Government.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE OF THE CITY MAYOR                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Simple                                                                                                                                                                                                                                                                   |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2C - Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Constituents of Antipolo City                                                                                                                                                                                                                                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WHERE TO SECURE                                                                                                                                                                                                                                                          |
| <p>For Recommendation for a job applicant:</p> <ol style="list-style-type: none"> <li>1. Letter of request addressed to the City Mayor indicating the purpose and contact numbers, among others</li> <li>2. Certificate of Eligibility / Certification of Board Rating / Professional ID Card – 1 photocopy</li> <li>3. Any government-issued ID card showing present address in Antipolo City – 1 photocopy</li> <li>4. Resume – Original copy</li> <li>5. Barangay Clearance – 1 photocopy</li> </ol> | <ul style="list-style-type: none"> <li>- Client</li> <li>- Civil Service Commission / Professional Regulatory Commission</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (PhilID/ PSN)</li> <li>- Client</li> <li>- Barangay Hall</li> </ul> |
| <p>For Endorsement (Financial/Medical Assistance):</p> <ol style="list-style-type: none"> <li>1. Letter of request addressed to the City Mayor indicating the purpose and contact numbers, among others</li> <li>2. Any government-issued ID card showing present address in Antipolo City – 1 photocopy</li> <li>3. Voter's ID Card / Certification – 1 photocopy</li> <li>4. Clinical Abstract / Hospital Bill</li> </ol>                                                                             | <ul style="list-style-type: none"> <li>- Client</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, or PSA (Phil ID / PSN)</li> <li>- COMELEC Antipolo City</li> <li>- Hospital where the patient is confined</li> </ul>                                         |

| 5. Certificate of Indigency                                                                                                                                                              |                                                                                                                                         | - Barangay Hall                                                                                                                                                                |                 |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| 6. Social Case Study                                                                                                                                                                     |                                                                                                                                         | - City Social Welfare and Development Office                                                                                                                                   |                 |                                     |
| For Endorsement to DFA:                                                                                                                                                                  |                                                                                                                                         | <ul style="list-style-type: none"> <li>- Client</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/ PSN)</li> <li>- Barangay Hall</li> </ul> |                 |                                     |
| For Other Assistance:                                                                                                                                                                    |                                                                                                                                         | <ul style="list-style-type: none"> <li>- Client</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/ PSN)</li> </ul>                          |                 |                                     |
| CLIENT STEPS                                                                                                                                                                             | AGENCY ACTION                                                                                                                           | FEES TO BE PAID                                                                                                                                                                | PROCESSING TIME | PERSON RESPONSIBLE                  |
| 1. Submit the requirement to the Office of the Mayor.<br><br>1.1 Receive the returned documents with attached Data Tracking Form (DTF) addressed to the Public Information Office (PIO). | 1. Receive the requirements and check the request.<br><br>1.1 Return the requirements to the client with attached DTF addressed to PIO. | None<br><br>None                                                                                                                                                               | 1 day           | Administrative staff, Mayors office |



|                                                                                                          |                                                                                                                                  |             |               |                                     |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-------------------------------------|
| 2. Proceed to PIO and show the requirements.                                                             | 2. Receive the requirements and prepare letter of endorsement / recommendation based on the request.                             | None        |               | PIO Staff                           |
| 2.1 None                                                                                                 | 2.1 Forward the letter to PIO Head / City Administrator for review and recommending approval.                                    | None        |               | PIO Staff                           |
| 2.2 None                                                                                                 | 2.2 Review Letter                                                                                                                | None        |               | PIO Head / City Administrator       |
| 2.3 None                                                                                                 | 2.3 Forward the letter of Endorsement / recommendation to the Office of the Mayor Approval/ signature.                           | None        |               | PIO Staff                           |
| 2.4 None                                                                                                 | 2.4 Sign the letter of Endorsement / recommendation.                                                                             | None        |               | City Mayor                          |
| 3. Return to the Office of the City Mayor and receive the signed letter of endorsement / recommendation. | 3. Request the client to Sign the receiving copy and issue the letter of endorsement / recommendation attached the requirements. | None        | 1 day         | Administrative staff, Mayors office |
|                                                                                                          | <b>TOTAL:</b>                                                                                                                    | <b>None</b> | <b>2 days</b> |                                     |

## PROVISION OF MAYORS SPEECH / MESSAGE

The Office of the City Mayor attends to requests of private entities, civil society organizations, government offices, etc., for the Mayor's Speech as guest of honor and speaker on their special occasions, events, conferences and similar gatherings.

|                                                                                                                                                                         |                                                                                                                                                                       |                                                                                                            |                            |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                            | <b>OFFICE OF THE CITY MAYOR</b>                                                                                                                                       |                                                                                                            |                            |                                      |
| <b>CLASSIFICATION:</b>                                                                                                                                                  | SIMPLE                                                                                                                                                                |                                                                                                            |                            |                                      |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                        | G2C- Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government                                                                          |                                                                                                            |                            |                                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                   | Civil Society Organizations; homeowners associations; schools; business sector; departments and program offices of the City Government; National Government Agencies. |                                                                                                            |                            |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                        |                                                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                     |                            |                                      |
| 1. Letter of request addressed to the City Mayor<br>Indicating the purpose and contact numbers,<br>among<br>Others<br><br>2. Any Government-issued ID card- 1 photocopy |                                                                                                                                                                       | - Client<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO,<br>PAG - IBIG, COMELEC, or PSA (Phil ID /<br>PSN) |                            |                                      |
| <b>CLIENT STEPS</b>                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                                                                                                  | <b>FEES<br/>TO BE<br/>PAID</b>                                                                             | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>        |
| 1. Submit the requirement to the Office of the City Mayor.                                                                                                              | 1. Receive the requirements and check the request.                                                                                                                    | None                                                                                                       | 1 Day                      | Administrative Staff, Mayor's Office |
| 1.1 Secure the receiving copy with attached slip of contact information to follow up purposes.                                                                          | 1.1 Return the receiving copy to the client and provide contact information.                                                                                          | None                                                                                                       |                            |                                      |
| 1.2 None                                                                                                                                                                | 1.2 Endorse the Request to PIO for appropriate action.                                                                                                                | None                                                                                                       |                            |                                      |

|                                                                                                                                              |                                                                                               |             |               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------|---------------|---------------------------------------|
|                                                                                                                                              |                                                                                               |             |               |                                       |
| 2. Provide further details of the request, if needed.                                                                                        | 2. Check the request and contact the client for further details, if needed,                   | None        | 1 day         | PIO Staff                             |
| 2.1 None                                                                                                                                     | 2.1 Process the request of the client for approval by the City Mayor.                         | None        |               | PIO/ City Mayor                       |
| 2.1 Receive calls or Text message as to the availability of the request                                                                      | 2.1 Inform the client as to the availability of the requested Mayor's speech/ Message.        | None        |               | PIO Staff                             |
| 3. Return to the Office of the City Mayor and receive the printed copy of the Mayor's Speech / Message after signing in the Release Log Book | 3. Request the client to sign in the release Log Book and issue the Mayor's speech / Message. | None        | 1 day         | Administrative staff / Mayor's Office |
|                                                                                                                                              | <b>TOTAL:</b>                                                                                 | <b>None</b> | <b>3 days</b> |                                       |



# **Office of the City Mayor**

## **Internal Services**



# 1. FACILITATION OF DOCUMENTS FOR SIGNATURE OF THE CITY MAYOR

The City Mayor signs communication and transaction documents of the City Government of Antipolo in his / her capacity as the Local Chief Executive.

|                                                                                    |                                                        |                            |                            |                                                                                        |
|------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------|----------------------------|----------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                       | OFFICE OF THE CITY MAYOR                               |                            |                            |                                                                                        |
| <b>CLASSIFICATION:</b>                                                             | Simple                                                 |                            |                            |                                                                                        |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                   | G2G - Government to Government                         |                            |                            |                                                                                        |
| <b>WHO MAY AVAIL:</b>                                                              | Departments and program offices of the City Government |                            |                            |                                                                                        |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                   |                                                        | <b>WHERE TO SECURE</b>     |                            |                                                                                        |
| Documents to be signed by the City Mayor with attached pertinent documents, if any |                                                        | - Client                   |                            |                                                                                        |
| <b>CLIENT STEPS</b>                                                                | <b>AGENCY ACTION</b>                                   | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>                                                          |
| 1. Submit the documents to the Office of the City Mayor.                           | 1.Receive document/s                                   | None                       | 1 Day                      | Receiving Clerk<br><br>Secretary to the Mayor/ Acting Mayor / Administrator City Mayor |
| 1.1 None                                                                           | 1.1 Review the document/ s                             | None                       |                            |                                                                                        |
| 1.2 None                                                                           | 1.2 Submit the documents                               | None                       |                            |                                                                                        |
| 2. Sign in theRelease Log Book.                                                    | 2. Request the client to sign in the Release Logbook   | None                       |                            | Releasing Clerk                                                                        |
|                                                                                    | <b>TOTAL:</b>                                          | <b>None</b>                | <b>1 Day</b>               |                                                                                        |



# **Office of the Vice Mayor**

## **External Services**



## 1. ENDORSEMENTS, CERTIFICATIONS, ACKNOWLEDGEMENT LETTERS AND COMMUNICATIONS

Processing of letters, requests for assistance, referrals, and endorsements submitted to the Office of the Vice-Mayor for appropriate action.

|                                                                                    |                                                                                                                                                                                                                                                                    |                                                                                            |                            |                               |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                       |                                                                                                                                                                                                                                                                    | OFFICE OF THE VICE-MAYOR                                                                   |                            |                               |
| <b>CLASSIFICATION:</b>                                                             |                                                                                                                                                                                                                                                                    | Simple                                                                                     |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                                                       |                                                                                                                                                                                                                                                                    | G2C- Government to Citizen<br>G2B- Government to Business<br>G2G- Government to Government |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                              |                                                                                                                                                                                                                                                                    | All                                                                                        |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                   |                                                                                                                                                                                                                                                                    |                                                                                            | <b>WHERE TO SECURE</b>     |                               |
| Letter request addressed to the Vice-Mayor<br>Supporting documents (if applicable) |                                                                                                                                                                                                                                                                    |                                                                                            | Client<br>Client           |                               |
| <b>CLIENTS STEPS</b>                                                               | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                               | <b>FEES<br/>TO BE<br/>PAID</b>                                                             | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit letter/request                                                           | 1. Receive the letter request<br><br>1.1 Check if the request is complete with supporting documents.<br><br>1.1.1 If complete — record in the logbook and forward to the Executive Assistant.<br><br>1.1.2 If incomplete — inform the client of lacking documents. | NONE                                                                                       | 2 minutes                  | Receiving Staff               |
| 2. None                                                                            | 2. Evaluate the request.<br><br>2.1 If request requires endorsement — prepare endorsement letter.                                                                                                                                                                  | NONE                                                                                       | 30 minutes                 | Assigned Staff                |
| 3. None                                                                            | 3. Forward prepared document to the Vice-Mayor/Authorized                                                                                                                                                                                                          | NONE                                                                                       | 30 minutes                 | Executive Assistant           |

|                            |                                                                                                    |             |                             |                |
|----------------------------|----------------------------------------------------------------------------------------------------|-------------|-----------------------------|----------------|
|                            | Signatory for review and signature.                                                                |             |                             |                |
| 4. Receive signed document | 4. Release signed endorsement/certification to the client and secure signature in release logbook. | NONE        | 3 minutes                   | Outgoing Staff |
|                            | <b>TOTAL</b>                                                                                       | <b>NONE</b> | <b>1 HOUR AND 5 MINUTES</b> |                |



## 2. SCHEDULING OF APPOINTMENTS / COURTESY CALLS

The Office of the Vice-Mayor facilitates requests for meetings, courtesy calls, and appointments with the Vice-Mayor.

|                                                |                                                                                                                                                                                                                                                                                   |                                |                            |                               |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                   | OFFICE OF THE VICE-MAYOR                                                                                                                                                                                                                                                          |                                |                            |                               |
| <b>CLASSIFICATION:</b>                         | Simple                                                                                                                                                                                                                                                                            |                                |                            |                               |
| <b>TYPES OF TRANSACTION:</b>                   | G2C- Government to Citizen<br>G2B- Government to Business<br>G2G- Government to Government                                                                                                                                                                                        |                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                          | All                                                                                                                                                                                                                                                                               |                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>               |                                                                                                                                                                                                                                                                                   | <b>WHERE TO SECURE</b>         |                            |                               |
| Appointment request (letter/email/<br>message) |                                                                                                                                                                                                                                                                                   | Client                         |                            |                               |
| Purpose of meeting                             |                                                                                                                                                                                                                                                                                   | Client                         |                            |                               |
| Preferred date and time                        |                                                                                                                                                                                                                                                                                   | Client                         |                            |                               |
| Focal Person                                   |                                                                                                                                                                                                                                                                                   | Client                         |                            |                               |
| <b>CLIENTS STEPS</b>                           | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                              | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit<br>appointment request               | 1. Receive the<br>appointment request<br><br>1.1 Record details in the<br>appointment<br>logbook/calendar.<br><br>1.1.1 If request is clear<br>and complete — forward<br>to Executive Assistant.<br><br>1.1.2 If details are<br>incomplete — contact<br>client for clarification. | NONE                           | 3 minutes                  | Receiving Staff               |
| 2. None                                        | 2. Check availability of<br>the Vice-Mayor's<br>schedule.<br><br>2.1 If schedule is<br>available — tentatively<br>reserve slot.                                                                                                                                                   | NONE                           | 2 hours                    | Executive<br>Assistant        |

|         |                                                                                                               |             |                              |                                           |
|---------|---------------------------------------------------------------------------------------------------------------|-------------|------------------------------|-------------------------------------------|
|         | 2.2 If schedule is not available — identify alternative dates.                                                |             |                              |                                           |
| 3. None | 3. Confirm approved schedule with the Vice-Mayor.<br><br>3.1 Inform client of confirmed or adjusted schedule. | NONE        | 2 hours                      | Executive Assistant<br><br>Assigned Staff |
|         | <b>TOTAL</b>                                                                                                  | <b>NONE</b> | <b>4 HOURS AND 3 MINUTES</b> |                                           |

### 3. PROCESSING OF INVITATIONS AND REQUESTS FOR VICE-MAYOR'S ATTENDANCE

The Office processes invitations to programs, activities, and official events where the Vice-Mayor is requested to attend.

|                                            |                                                                                                                                                                                                               |                                                                                            |                        |                           |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>               |                                                                                                                                                                                                               | OFFICE OF THE VICE-MAYOR                                                                   |                        |                           |
| <b>CLASSIFICATION:</b>                     |                                                                                                                                                                                                               | Simple                                                                                     |                        |                           |
| <b>TYPES OF TRANSACTION:</b>               |                                                                                                                                                                                                               | G2C- Government to Citizen<br>G2B- Government to Business<br>G2G- Government to Government |                        |                           |
| <b>WHO MAY AVAIL:</b>                      |                                                                                                                                                                                                               | All                                                                                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>           |                                                                                                                                                                                                               |                                                                                            | <b>WHERE TO SECURE</b> |                           |
| Invitation letter                          |                                                                                                                                                                                                               |                                                                                            | Client                 |                           |
| Event details (date, time, venue, program) |                                                                                                                                                                                                               |                                                                                            | Client                 |                           |
| <b>CLIENTS STEPS</b>                       | <b>AGENCY ACTION</b>                                                                                                                                                                                          | <b>FEES TO BE PAID</b>                                                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit invitation letter                | 1. Receive the invitation<br><br>1.1 Check completeness of event details.<br><br>1.1.1 If complete — log and forward for schedule review.<br><br>1.1.2 If incomplete — contact organizer for missing details. | NONE                                                                                       | 3 minutes              | Receiving Staff           |
| 2. None                                    | 2. Check availability of the Vice-Mayor's schedule.<br><br>2.1 If available — prepare confirmation letter.<br><br>2.2 If not available — prepare regret letter.                                               | NONE                                                                                       | 1 day                  | Executive Assistant       |
| 3. None                                    | 3. Forward letter for approval and signature.                                                                                                                                                                 | NONE                                                                                       |                        | Executive Assistant       |

|                     |                                                            |             |                      |                |
|---------------------|------------------------------------------------------------|-------------|----------------------|----------------|
| 4. Receive response | 4. Release confirmation/regret letter to requesting party. | NONE        | 3 minutes            | Outgoing Staff |
|                     | <b>TOTAL</b>                                               | <b>NONE</b> | <b>1 WORKING DAY</b> |                |

**FOR ONLINE TRANSACTIONS VIA EMAIL AND OFFICIAL FACEBOOK PAGE OF VICE-MAYOR RANDY PUNO**

| CLIENTS STEPS                                                                                                                                                                                                                                                                                                                                                                                                | AGENCY ACTION                                                                                                                                                                                                                                                                                                                           | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Send email/message request with complete details and attachments to the official email address of the Office of the Vice-Mayor at <a href="mailto:vicemayorrandy@gmail.com">vicemayorrandy@gmail.com</a> or the official facebook page of Vice-Mayor Randy Puno at <a href="https://www.facebook.com/RandyPuno">https://www.facebook.com/RandyPuno</a> or call the Office of the Vice-Mayor at 8689-4538. | <p>1. Receive the email/message request</p> <p>1.1 Acknowledge receipt of email/message.</p> <p>1.2 Check completeness of request and attachments.</p> <p>1.2.1 If complete — record in the monitoring log and forward to assigned staff.</p> <p>1.2.2 If incomplete — reply to client requesting additional documents/information.</p> | NONE            | 2 minutes       | Receiving Staff    |

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                              |                                      |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|--------------------------------------|
| 2. None                      | <p>2. Evaluate the request.</p> <p>2.1 If request is for endorsement/certification/communication — prepare appropriate document.</p> <p>2.2 If request is for appointment — check schedule availability.</p> <p>2.2.1 If schedule is available — tentatively reserve slot.</p> <p>2.2.2 If not available — propose alternative dates.</p> <p>2.3 If request is an invitation for attendance — check event details and schedule.</p> <p>2.3.1 If Vice-Mayor is available — prepare confirmation.</p> <p>2.3.2 If not available — prepare regret message/letter.</p> | NONE        | 1 hour                       | Assigned Staff / Executive Assistant |
| 3. None                      | 3. Forward prepared response for review and approval/signature of the Vice-Mayor or authorized signatory.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NONE        | 1 hour                       | Executive Assistant                  |
| 4. Receive approved document | <p>4. Send signed response/document via official email or facebook page.</p> <p>4.1 If original hard copy is required — inform client for pick-up schedule.</p>                                                                                                                                                                                                                                                                                                                                                                                                    | NONE        | 1 minute                     | Outgoing Staff                       |
|                              | <b>TOTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>NONE</b> | <b>2 HOURS AND 3 MINUTES</b> |                                      |



# **Office of the Vice Mayor**

## **Internal Services**



## 1. ROUTING OF LEGISLATIVE DOCUMENTS (RESOLUTIONS, ORDINANCES, COMMITTEE REPORTS)

The Office of the Vice-Mayor receives, records, and routes legislative documents for proper committee action or inclusion in the session agenda.

|                                  |                                                                                                                                                                                                                                        |                                                |                            |                               |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     |                                                                                                                                                                                                                                        | OFFICE OF THE VICE-MAYOR                       |                            |                               |
| <b>CLASSIFICATION:</b>           |                                                                                                                                                                                                                                        | Complex                                        |                            |                               |
| <b>TYPES OF TRANSACTION:</b>     |                                                                                                                                                                                                                                        | G2G- Government to Government                  |                            |                               |
| <b>WHO MAY AVAIL:</b>            |                                                                                                                                                                                                                                        | SP Members, Committees, and Authorized Offices |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b> |                                                                                                                                                                                                                                        | <b>WHERE TO SECURE</b>                         |                            |                               |
| Legislative document             |                                                                                                                                                                                                                                        | SP Member / Committee                          |                            |                               |
| Supporting documents             |                                                                                                                                                                                                                                        | Originating Office                             |                            |                               |
| <b>CLIENTS STEPS</b>             | <b>AGENCY ACTION</b>                                                                                                                                                                                                                   | <b>FEES<br/>TO BE<br/>PAID</b>                 | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit legislative document   | 1. Receive the legislative document<br><br>1.1 Check completeness and proper endorsement.<br><br>1.1.1 If complete — record in legislative tracking logbook.<br><br>1.1.2 If incomplete — return to originating office for compliance. | NONE                                           | 5 minutes                  | Receiving Staff               |
| 2. None                          | 2. Determine appropriate committee referral or session inclusion.<br><br>2.1 If for committee review — route to concerned committee.<br><br>2.2 If for plenary session — include in agenda lineup.                                     | NONE                                           | 1 day                      | Secretary to the Sanggunian   |

|         |                                         |             |                      |               |
|---------|-----------------------------------------|-------------|----------------------|---------------|
|         |                                         |             |                      |               |
| 3. None | Update tracking system and file copies. | NONE        | 2 minutes            | Records Staff |
|         | <b>TOTAL</b>                            | <b>NONE</b> | <b>1 WORKING DAY</b> |               |



## 2. PROCESSING OF DISBURSEMENT VOUCHERS AND INTERNAL FINANCIAL DOCUMENTS

The Office processes internal financial documents for review and signature of the Vice-Mayor.

|                                  |                                                                                                                                                                                                |                                |                            |                               |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     |                                                                                                                                                                                                | OFFICE OF THE VICE-MAYOR       |                            |                               |
| <b>CLASSIFICATION:</b>           |                                                                                                                                                                                                | Complex                        |                            |                               |
| <b>TYPES OF TRANSACTION:</b>     |                                                                                                                                                                                                | G2G- Government to Government  |                            |                               |
| <b>WHO MAY AVAIL:</b>            |                                                                                                                                                                                                | Authorized Offices             |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b> |                                                                                                                                                                                                |                                | <b>WHERE TO SECURE</b>     |                               |
| Disbursement Voucher (DV)        |                                                                                                                                                                                                |                                | Accounting Office          |                               |
| Supporting documents             |                                                                                                                                                                                                |                                | Concerned Staff            |                               |
| <b>CLIENTS STEPS</b>             | <b>AGENCY ACTION</b>                                                                                                                                                                           | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit DV and attachments     | 1. Receive the DV<br><br>1.1 Check completeness of attachments.<br><br>1.1.1 If complete — log and forward for review.<br><br>1.1.2 If incomplete — return to requesting staff for completion. | NONE                           | 5 minutes                  | Receiving Staff               |
| 2. None                          | 2. Review and forward DV for approval/signature.                                                                                                                                               | NONE                           | 30 minutes                 | Executive Assistant           |
| 3. None                          | 3. After approval, route DV to Accounting Office and file copy.                                                                                                                                | NONE                           | 10 minutes                 | Records Staff                 |
|                                  | <b>TOTAL</b>                                                                                                                                                                                   | <b>NONE</b>                    | <b>45 MINUTES</b>          |                               |

### 3. HR-RELATED DOCUMENTS (DTRS, LEAVE FORMS, SERVICE RECORDS)

The Office processes internal personnel documents of OVM employees.

|                                  |                                                                                                                                                                                                           |                                                                                                  |                             |                           |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     |                                                                                                                                                                                                           | OFFICE OF THE VICE-MAYOR                                                                         |                             |                           |
| <b>CLASSIFICATION:</b>           |                                                                                                                                                                                                           | Simple                                                                                           |                             |                           |
| <b>TYPES OF TRANSACTION:</b>     |                                                                                                                                                                                                           | G2G- Government to Government                                                                    |                             |                           |
| <b>WHO MAY AVAIL:</b>            |                                                                                                                                                                                                           | Office of the Vice-Mayor Staff, Sangguniang Panlungsod-Secretariat, SP Members, SP Members Staff |                             |                           |
| <b>CHECKLIST OF REQUIREMENTS</b> |                                                                                                                                                                                                           |                                                                                                  | <b>WHERE TO SECURE</b>      |                           |
| Accomplished HR form             |                                                                                                                                                                                                           |                                                                                                  | HRDO / Office               |                           |
| Supporting documents (if needed) |                                                                                                                                                                                                           |                                                                                                  | Employee                    |                           |
| <b>CLIENTS STEPS</b>             | <b>AGENCY ACTION</b>                                                                                                                                                                                      | <b>FEES TO BE PAID</b>                                                                           | <b>PROCESSING TIME</b>      | <b>PERSON RESPONSIBLE</b> |
| 1. Submit accomplished HR form   | 1. Receive HR document<br><br>1.1 Check completeness and correctness of entries.<br><br>1.1.1 If complete — log and forward for approval.<br><br>1.1.2 If incomplete — return to employee for correction. | NONE                                                                                             | 5 minutes                   | Assigned Staff            |
| 2. None                          | 2. Forward to Vice-Mayor/Authorized Signatory for approval.                                                                                                                                               | NONE                                                                                             | 30 minutes                  | Executive Assistant       |
| 3. None                          | 1. Transmit approved document to HRDO and file office copy.                                                                                                                                               | NONE                                                                                             | 30 minutes                  | Records Staff             |
|                                  | <b>TOTAL</b>                                                                                                                                                                                              | <b>NONE</b>                                                                                      | <b>1 HOUR AND 5 MINUTES</b> |                           |

### FOR ONLINE TRANSACTIONS VIA EMAIL

| CLIENTS STEPS                                                                                                                                                                                                                                          | AGENCY ACTION                                                                                                                                                                                                                                                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------------------------|
| 1. Send email request with complete details and attachments to the official email address of the Office of the Vice-Mayor at <a href="mailto:vicemayorrandy@gmail.com">vicemayorrandy@gmail.com</a> or call the Office of the Vice-Mayor at 8689-4538. | <p>1. Receive the email submission</p> <p>1.1 Acknowledge receipt of email.</p> <p>1.2 Check completeness of document and attachments.</p> <p>1.2.1 If complete — record in monitoring log and forward to concerned staff.</p> <p>1.2.2 If incomplete — reply requesting lacking documents or corrections.</p> | NONE            | 2 minutes       | Receiving Staff                      |
| 2. None                                                                                                                                                                                                                                                | <p>2. Evaluate the submitted document.</p> <p>2.1 If legislative document — record and route to appropriate committee/session.</p> <p>2.2 If HR-related document — verify entries and forward for approval.</p>                                                                                                | NONE            | 1 hour          | Assigned Staff / Executive Assistant |
| 3. None                                                                                                                                                                                                                                                | 3. Forward document for approval/signature of the Vice-Mayor or authorized signatory (if required).                                                                                                                                                                                                            | NONE            | 10 minutes      | Executive Assistant                  |

|                              |                                                                                                                                                                          |             |                              |                                            |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|--------------------------------------------|
|                              |                                                                                                                                                                          |             |                              |                                            |
| 4. Receive approved document | <p>4. Send scanned approved document via official email or notify concerned office for pick-up of original copy.</p> <p>4.1 File electronic copy for office records.</p> | NONE        | 10 minutes                   | <p>Outgoing Staff</p> <p>Records Staff</p> |
|                              | <b>TOTAL</b>                                                                                                                                                             | <b>NONE</b> | <b>1 HOUR AND 22 MINUTES</b> |                                            |



**Office of the Sangguniang  
Panlungsod Secretary  
External Services**



**1.ASSISTANCE TO CLIENTS REQUESTING FOR COPIES OF ORDINANCES/RESOLUTIONS AND ADMINISTRATIVE CASES DOCUMENTS**

The Office of the Sangguniang Panlungsod Secretary attends to requests for copies of ordinances/resolutions and administrative cases documents through issuance of certified true copy/ies of the same upon payment of corresponding fees.

|                                                                                    |                                                                                                                                                                                                                                                                                |                                                |                            |                                  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|----------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                       | SANGGUNIANG PANLUNGSOD/<br>OFFICE OF THE SANGGUNIANG PANLUNGSOD SECRETARY                                                                                                                                                                                                      |                                                |                            |                                  |
| <b>CLASSIFICATION:</b>                                                             | Simple                                                                                                                                                                                                                                                                         |                                                |                            |                                  |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                   | G2C- Government to Citizen<br>G2B-Government to Business<br>G2G-Government to Government                                                                                                                                                                                       |                                                |                            |                                  |
| <b>WHO MAY AVAIL:</b>                                                              | All                                                                                                                                                                                                                                                                            |                                                |                            |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                   |                                                                                                                                                                                                                                                                                | <b>WHERE TO SECURE</b>                         |                            |                                  |
| 1. Letter of Request<br><br>2. Government Issued ID (Photocopy of the ID)          |                                                                                                                                                                                                                                                                                | - Client: Citizen/Business                     |                            |                                  |
| <b>CLIENT STEPS</b>                                                                | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                           | <b>FEES TO<br/>BE PAID</b>                     | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>    |
| 1. Submit letter of request                                                        | 1. Receive the letter request                                                                                                                                                                                                                                                  | NONE                                           | 1 minute                   | Receiving Staff                  |
| 1.1 .None                                                                          | 1.1 Check if the requested documents are available from the database.<br><br>1.1.1 If available- the office will issue an Order of Payment.<br><br>1.1.2.If not available-- issue a Certification to that effect, i.e, that ordinance/resolution has yet been enacted/adopted. | NONE                                           | 1 minute                   | Data Encoder<br><br>Data Encoder |
| 2. Pay at Window 11 of the City Treasurer's Office by showing the Order of Payment | 2. Accept the payment based on the Order of Payment                                                                                                                                                                                                                            | Php 100.00 per page of the certified true copy | 3 minutes                  | Revenue Collection Clerk         |

|                                                                               |                                |                                                 |                   |               |
|-------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|-------------------|---------------|
| 2.1 Secure Official Receipt                                                   | 2.1 Issue Official Receipt     | NONE                                            |                   |               |
| 3. Return to the Office of the SP Secretary and present the Official Receipt. | 3. Checks the Official Receipt | NONE                                            | 1 minute          | Records Staff |
|                                                                               | <b>TOTAL</b>                   | <b>Amount Indicated in the Order of Payment</b> | <b>10 minutes</b> |               |

**FOR ONLINE TRANSACTIONS VIA EMAIL.**

| CLIENT STEPS                                                                                                                                                                                                                                | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                      | FEES TO BE PAID  | PROCESSING TIME          | PERSON RESPONSIBLE                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|----------------------------------------------------|
| 1. Submit letter of request via email @ <a href="mailto:spsecoffice@gmail.com">spsecoffice@gmail.com</a> or call the Office of the SP-Secretary at 6894507 for scanned copies of resolutions, ordinances and other non-confidential records | 1. Acknowledge the letter of request via email<br><br>Check if the requested documents are available from the database.<br><br>If available, send thru email the scanned copy of the requested documents<br><br>If not available, send thru email the scanned copy of the Certification that no ordinance/resolution has yet been enacted/adopted. | NONE<br><br>NONE | 1 minute<br><br>1 minute | Receiving Staff or Data Encoder or Releasing Staff |
|                                                                                                                                                                                                                                             | <b>TOTAL</b>                                                                                                                                                                                                                                                                                                                                       | <b>NONE</b>      | <b>3 MINUTES</b>         |                                                    |



**Office of the Sangguniang  
Panlungsod Secretary  
Internal Services**





**1. ASSISTANCE TO CITY OFFICIALS AND GOVERNMENT OFFICES REQUESTING FOR COPIES OF ORDINANCES/RESOLUTIONS AND ADMINISTRATIVE CASES DOCUMENTS**

The Office of the Sangguniang Panlungsod Secretary attends to requests for copies of ordinances/resolutions and Administrative Cases documents through issuance of certified true copy/ies of the same upon payment of corresponding fees.

|                                                                                                                                                                                                                                             |                                                                                                      |                          |                    |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-----------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                        | SANGGUNIANG PANLUNGSOD/<br>OFFICE OF THE SANGGUNIANG PANLUNGSOD SECRETARY                            |                          |                    |                       |
| CLASSIFICATION:                                                                                                                                                                                                                             | Simple                                                                                               |                          |                    |                       |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                    | G2G-Government to Government                                                                         |                          |                    |                       |
| WHO MAY AVAIL:                                                                                                                                                                                                                              | City Officials and employees                                                                         |                          |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                   |                                                                                                      | WHERE TO SECURE          |                    |                       |
| 1. Letter of Request<br>2. Government Issued ID (photocopy)                                                                                                                                                                                 |                                                                                                      | - Client: Government     |                    |                       |
| CLIENTS STEPS                                                                                                                                                                                                                               | AGENCY ACTION                                                                                        | FEES<br>TO<br>BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Submit letter of request via email @ <a href="mailto:spsecoffice@gmail.com">spsecoffice@gmail.com</a> or call the Office of the SP-Secretary at 6894507 for scanned copies of resolutions, ordinances and other non-confidential records | 1. Receive the letter request                                                                        | NONE                     | 1 minute           | Receiving Staff       |
|                                                                                                                                                                                                                                             | Check if the requested documents are available from the database.                                    | NONE                     | 1 minute           | Data Encoder          |
| 1.1 None                                                                                                                                                                                                                                    |                                                                                                      |                          |                    |                       |
| 2. None                                                                                                                                                                                                                                     | 2. If available, prepare scanned copies of the requested documents                                   | NONE                     | 3 minutes          | Records Staff         |
|                                                                                                                                                                                                                                             | If not available, issue a Certification that no ordinance/ resolution has yet been enacted/ adopted. | NONE                     | 1 minute           | Releasing Staff       |
|                                                                                                                                                                                                                                             | TOTAL                                                                                                | NONE                     | 6 MINUTES          |                       |

**FOR ONLINE TRANSACTIONS VIA EMAIL.**

| CLIENT STEPS                                                                                                                                                                                                                                | AGENCY ACTION                                                                                                                                                                                                                                                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------------|
| 1. Submit letter of request via email @ <a href="mailto:spsecoffice@gmail.com">spsecoffice@gmail.com</a> or call the Office of the SP-Secretary at 6894507 for scanned copies of resolutions, ordinances and other non-confidential records | 1. Acknowledge the letter of request via email                                                                                                                                                                                                                                                | NONE            | 1 minute        | Receiving Staff or Data Encoder or Releasing Staff |
|                                                                                                                                                                                                                                             | Check if the requested documents are available from the data base.<br><br>If available, send thru email the scanned copy of the requested documents<br><br>If not available, send thru email the scanned copy of the Certification that no ordinance/resolution has yet been enacted/adopted. | NONE            | 1 minute        |                                                    |
|                                                                                                                                                                                                                                             | TOTAL                                                                                                                                                                                                                                                                                         | NONE            | 2 MINUTES       |                                                    |



## **Office of Public Safety and Security External Services**



## 1. ADJUDICATION OF CONTESTED APPREHENSION / FILED COMPLAINT

Apprehended drivers may contest before the Adjudication Section of the Office of Public Safety and Security (OPSS) if they find the apprehension unreasonable. Also, passengers of public utility vehicles (tricycle-for-hire/public utility jeepneys/utility vans) with transport terminals within Antipolo City may also file complaints against drivers of such vehicles for arrogance, overcharging, refusal to convey passengers, and the like. After securing the original copy of the Adjudication Resolution, the client shall settle the fines and penalties, if any.

|                                                                                                         |                                                                                                                             |                                                                                       |                          |                           |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|---------------------------|
| OFFICE/<br>DIVISION:                                                                                    | OFFICE OF PUBLIC SAFETY AND<br>ADJUDICATION SECTION                                                                         | SECURITY (OPSS)                                                                       |                          |                           |
| CLASSIFICATION:                                                                                         | Simple                                                                                                                      |                                                                                       |                          |                           |
| TYPES OF<br>TRANSACTION:                                                                                | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government                             |                                                                                       |                          |                           |
| WHO MAY AVAIL:                                                                                          | All                                                                                                                         |                                                                                       |                          |                           |
| CHECKLIST OF REQUIREMENTS                                                                               |                                                                                                                             | WHERE TO SECURE                                                                       |                          |                           |
| 1. Ordinance Violation Receipt (OVR) – Original<br>2. Complaint Form – to be accomplished by the client |                                                                                                                             | - Apprehending Officer/Traffic<br>Enforcer<br>- Client<br>- OPSS Adjudication Section |                          |                           |
| CLIENT STEPS                                                                                            | AGENCY ACTION                                                                                                               | FEES<br>TO BE<br>PAID                                                                 | PROCESSING<br>TIME       | PERSON<br>RESPONSIBLE     |
| 1. Submit the requirements to the<br>OPSS Adjudication<br>Section.                                      | 1. Receive the requirements and<br>check the<br>complaint.                                                                  | None                                                                                  | 3 minutes                | Adjudication<br>Personnel |
| 1.1 Obtain a schedule of<br>adjudication hearing.                                                       | 1.1 Set the schedule of<br>the adjudication<br>hearing.                                                                     | None                                                                                  | 2 minutes<br><br>(Day 1) | Adjudication<br>Personnel |
| 2. Attend the adjudication<br>hearing.                                                                  | 2. Conduct the<br>adjudication<br>hearing.                                                                                  | None                                                                                  | 30 minutes<br>– 1 hour   | Adjudication<br>Personnel |
| 2.1 Secure a copy of the<br>Adjudication Resolution after<br>signing the Blotter Log Book.              | 2.1 Request the client to<br>sign the Blotter Log Book<br>and issue the client’s copy<br>of the Adjudication<br>Resolution. | None                                                                                  | 3 minutes<br><br>(Day 2) | OPSS Staff                |
|                                                                                                         | Total:                                                                                                                      | None                                                                                  | 2 days                   |                           |

## 2. ANTI-SEXUAL HARASSMENT (ASH) DESK ASSISTANCE

The Office of Public Safety and Security (OPSS) facilitates the receipt and processing of complaints and reports of Gender Based Sexual Harassment (GBSH) in streets and public spaces pursuant to Republic Act (RA) No. 11313. Calls or reports of GBSH in streets and public spaces are directed to the service providers through the **ASH Desk Hotline Number 09171105997**.

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                        |                                                                                                    |                              |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------|------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                       | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS)<br>ANTI-SEXUAL HARASSMENT (ASH) DESK                                                                                                                                                                                                                 |                        |                                                                                                    |                              |
| <b>CLASSIFICATION:</b>                                                                                                             | Complex                                                                                                                                                                                                                                                                                          |                        |                                                                                                    |                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                   | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                                                                   |                        |                                                                                                    |                              |
| <b>WHO MAY AVAIL:</b>                                                                                                              | Victims of GBSH in streets and public places                                                                                                                                                                                                                                                     |                        |                                                                                                    |                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                   |                                                                                                                                                                                                                                                                                                  |                        | <b>WHERE TO SECURE</b>                                                                             |                              |
| 1. Complaint Form – to be accomplished by the complainant<br>2. Any government-issued ID card – Original and 1 photocopy           |                                                                                                                                                                                                                                                                                                  |                        | - ASH Desk<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                              |
| <b>CLIENT STEPS</b>                                                                                                                | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                             | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                                                             | <b>PERSON RESPONSIBLE</b>    |
| 1. Submit the requirements to the ASH Desk and provide further details of the complaint if so required.                            | 1. Receive the requirements, check the complaint, and record the details.                                                                                                                                                                                                                        | None                   | 5 minutes                                                                                          | ASH Desk Officer             |
| 2. None                                                                                                                            | 2. Prepare the endorsement letter to <ul style="list-style-type: none"> <li>a. Katarungang Pambarangay (for 1<sup>st</sup> and 2<sup>nd</sup> offenses);</li> <li>b. WCPD (for cases not covered by the Katarungang Pambarangay); or</li> <li>c. CSWDO (if the case involves a minor)</li> </ul> | None                   | 5 minutes                                                                                          | ASH Desk Officer             |
| 2.1 Secure the endorsement letter and receive further assistance, if needed, in coordinating with the government agency concerned. | 2.1 Issue the endorsement letter and cause the proper referral of the complainant to the government agency concerned.                                                                                                                                                                            | None                   | 30 minutes                                                                                         | ASH Desk Officer / Personnel |
| 3. Proceed to the government agency concerned for the next course of action to take regarding the GBSH complaint.                  | 3. Monitor the status of the referred GBSH complaint within the five (5) working days following the date of referral.                                                                                                                                                                            | None                   | 5 days                                                                                             | ASH Desk Officer             |
|                                                                                                                                    | <b>Total:</b>                                                                                                                                                                                                                                                                                    | <b>None</b>            | <b>5 days, 40 minutes</b>                                                                          |                              |

### 3. INSPECTION OF TRICYCLE-FOR-HIRE / PUBLIC UTILITY VEHICLE SUBJECT TO RENEWAL OF FRANCHISE

Inspection of tricycles-for-hire and public utility vehicles such as Public Utility Jeepneys (PUJs) and UV Express is being conducted by the Office of Public Safety and Security (OPSS) in line with the annual registration of said public transport.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS)                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Simple                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2C – Government to Citizen;<br>G2B – Government to Business    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Operators of tricycles-for-hire / PUJs / UV Express             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <i>Documentary Requirements:</i> <ol style="list-style-type: none"> <li>1. Annual Registration form</li> <li>2. Valid Motorized Tricycle Operator's Permit (MTOPT)/Franchise – 1 photocopy</li> <li>3. Valid LTO Official Receipt/Certificate of Registration (OR/CR) – 1 photocopy</li> <li>4. Valid Professional Driver's License – Original and 1 photocopy</li> </ol> <i>Parts and Accessories:</i> <ol style="list-style-type: none"> <li>5. Brakes</li> <li>6. Lights (head, tail, turn)</li> <li>7. Horn</li> <li>8. Side Mirrors</li> <li>9. Tires (At least 50% thread life)</li> <li>10. Body Condition (no sharp edges and securely attached)</li> <li>11. Appropriate mudguard</li> <li>12. Waste Can</li> <li>13. Fully operating mufflers (not more than 99dB)</li> <li>14. Safety Features (Guardrails -for E-trike, Piaggio, Re Bajaj and others)</li> <li>15. At least 6 inches vertical clearance from the ground (for additional tricycle only)</li> <li>16. Fire Extinguisher</li> <li>17. Reserved Tire</li> </ol> |                                                                 | <ul style="list-style-type: none"> <li>- PTRB</li> <li>- Mayor's Office</li> <li>- Public Transport Regulatory Board (PTRB)</li> <li>- Land Transportation Office (LTO)</li> <li>- LTO</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (TODA operator/driver)</li> <li>- Client (PUJ/UV Express operator/driver)</li> <li>- Client (PUJ/UV Express operator/driver)</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                            | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the documentary requirements to OPSS-TMD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Receive the documents.<br>.                                  | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 minutes              | TMD<br><br>Personnel      |
| 2. Submit the vehicle for inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. Conduct an actual inspection of the vehicle.                 | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10 minutes             | TMD<br>Personnel          |
| 2.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.1 Check the Inspection Report and sign the passed inspection. | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 minutes              | TMD Chief,<br>OPSS Head   |
| 2.2 Receive the approved Annual Registration Inspection form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.2 Issue the approved Annual Registration Inspection form.     | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 minute               | TMD<br>Personnel          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Total:</b>                                                   | <b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>15 minutes</b>      |                           |

4. ISSUANCE OF CERTIFICATION OF IMPOUNDED VEHICLE

The Office of Public Safety and Security (OPSS) facilitates the issuance of Certification of Impounded Vehicle to the legal owner or his/her authorized representatives for legal intents.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                                                                                                                                |                    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICE OF PUBLIC SAFETY AND<br>REDEMPTION SECTION                                               |                                                                                                                                                                                                                                | SECURITY (OPSS)    |                          |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Simple                                                                                          |                                                                                                                                                                                                                                |                    |                          |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C - Government to Citizen;<br>G2B - Government to Business;<br>G2G - Government to Government |                                                                                                                                                                                                                                |                    |                          |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Legal owners of impounded vehicles or their authorized representative                           |                                                                                                                                                                                                                                |                    |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                |                    |                          |
| 1. Letter of request – Original copy<br>2. LTO Official Receipt / Certificate of Registration (OR/CR) – Original and 1 photocopy<br>3. Deed of Sale, if the vehicle is not registered in the name of the present owner – 1 photocopy<br>4. Photograph of the subject vehicle showing it is situated in the Impounding Area – Original copy<br>5. Any government-issued ID card of the requester and or his/her authorized representative – Original and 1 photocopy each<br>6. Authorization letter for representative – Original |                                                                                                 | - Requesting party<br>- Land Transportation Office (LTO)<br>- Previous owner<br><br>- City Government Impounding Area<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br>- Requester |                    |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AGENCY ACTION                                                                                   | FEES TO<br>BE PAID                                                                                                                                                                                                             | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE    |
| 1 . Submit the requirements to the OPSS Desk Officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Receive the requirements and forward them to the OPSS-Traffic Management Division (TMD).     | None                                                                                                                                                                                                                           | 2 minutes          | Desk Officer             |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.1 Verify the presented documents.                                                             | None                                                                                                                                                                                                                           | 3 minutes          | TMD Staff                |
| 2 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.2 Issue the Order of Payment.                                                                 | None                                                                                                                                                                                                                           | 1 minute           | TMD Staff                |
| 2. Pay the corresponding fee at OPSS Window 2 by showing the Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. Accept the payment based on the Order of Payment.                                            | Certification fee – PHP 100.00                                                                                                                                                                                                 | 2 minutes          | Revenue Collection Clerk |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.1 Issue the Official Receipt.                                                                 | None                                                                                                                                                                                                                           | 1 minute           | Revenue Collection Clerk |
| 3. Return to OPSS-TMD and show the Official Receipt for the issuance of Certification of Impounded Vehicle.                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Check the Official Receipt.                                                                  | None                                                                                                                                                                                                                           | 1 minute           | TMD Staff                |

|                                                                                                                                                        |                                                                                                                              |                                |            |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|-------------------|
| 3.1 None                                                                                                                                               | 3.1 Prepare the Certification.                                                                                               | None                           | 5 minutes  | TMD Staff         |
| 3.2 None                                                                                                                                               | 3.2 Review and sign the Certification.                                                                                       | None                           | 3 minutes  | Officer/ OIC-OPSS |
| 3.3 Secure the original copy of the Certification of Impounded Vehicle after signing the Release Log Book and the duplicate copy of the certification. | 3.3 Request the client to sign the Release Log Book and the duplicate copy of the Certification and issue the original copy. | None                           | 2 minutes  | TMD Staff         |
|                                                                                                                                                        | TOTAL:                                                                                                                       | Certification fee – PHP 100.00 | 20 minutes |                   |



5. ISSUANCE OF CERTIFICATION OF NO APPREHENSION

The Office of Public Safety and Security (OPSS) facilitates the issuance of Certification of No Apprehension to drivers and legal owners of vehicles for purposes of renewal of driver's licenses and other legal intents.

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                                                        |                    |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                       | OFFICE OF PUBLIC SAFETY AND<br>REDEMPTION SECTION                                               | SECURITY (OPSS)                                                                                                                                                        |                    |                          |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                            | Simple                                                                                          |                                                                                                                                                                        |                    |                          |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                   | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                        |                    |                          |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                             | All                                                                                             |                                                                                                                                                                        |                    |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 | WHERE TO SECURE                                                                                                                                                        |                    |                          |
| 1. Official Receipt/Certificate of Registration – Original and 1 photocopy<br>2. Deed of Sale, if the vehicle is not registered in the name of the present owner – 1 photocopy<br>3. Any government-issued ID card of the requester and or his/her authorized representative – Original and 1 photocopy each<br>4. Authorization letter for representative – Original copy |                                                                                                 | - Land Transportation Office<br><br>- Previous owner<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br><br>- Requester<br>- |                    |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                               | AGENCY ACTION                                                                                   | FEES TO<br>BE PAID                                                                                                                                                     | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE    |
| 1. Submit the requirements to the OPSS Desk Officer.                                                                                                                                                                                                                                                                                                                       | 1. Receive the requirements and forward them to the Redemption Section.                         | None                                                                                                                                                                   | 2 minutes          | Desk Officer             |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                   | 1.1 Check the Records of Apprehensions.                                                         | None                                                                                                                                                                   | 3 minutes          | Redemption Staff         |
| 1.2 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                               | 1.2 If the client has no record of apprehension, issue the Order of Payment.                    | None                                                                                                                                                                   | 1 minute           | Redemption Staff         |
| 2. Pay the required fee at OPSS Window 2 by showing the Order of Payment.                                                                                                                                                                                                                                                                                                  | 2. Accept the payment based on the Order of Payment.                                            | Certification fee – PHP 100.00                                                                                                                                         | 2 minutes          | Revenue Collection Clerk |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                                                                                                                               | 2.1 Issue the Official Receipt.                                                                 | None                                                                                                                                                                   | 1 minute           | Revenue Collection Clerk |
| 3. Proceed to Window 3 and show the Official Receipt for the issuance of Certification of No Apprehension.                                                                                                                                                                                                                                                                 | 3. Check the Official Receipt.                                                                  | None                                                                                                                                                                   | 1 minute           | Redemption Staff         |
| 3.1 None                                                                                                                                                                                                                                                                                                                                                                   | 3.1 Prepare the Certification                                                                   | None                                                                                                                                                                   | 5 minutes          | Redemption Staff         |

|                                                                                                                                                    |                                                                                                                              |                                       |                   |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|------------------------------------------------------------|
| 3.2 None                                                                                                                                           | 3.2 Review and sign the Certification.                                                                                       | None                                  | 3 minutes         | Redemption Officer/<br>Administrative Officer/<br>OIC-OPSS |
| 3.3 Secure the original copy of the Certificate of No Apprehension after signing the Release Log Book and the duplicate copy of the certification. | 3.3 Request the client to sign the Release Log Book and the duplicate copy of the Certification and issue the original copy. | None                                  | 2 minutes         | Redemption Staff                                           |
|                                                                                                                                                    | <b>TOTAL:</b>                                                                                                                | <b>Certification fee – PHP 100.00</b> | <b>20 minutes</b> |                                                            |

**6. ISSUANCE OF OPSS CERTIFICATION AND/OR CERTIFIED TRUE COPY OF REPORT/BLOTTER OF TRAFFIC ACCIDENTS AND OTHER INCIDENTS**

The Office of Public Safety and Security (OPSS) facilitates the issuance of certification to any individual requesting for certification, or certified true copy of traffic accident report / blotter pertaining to incidents monitored/recorded by the OPSS duty personnel.

|                                                                                                                                                 |                                                                                        |                                                                                                |                 |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                                            | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS) TRAFFIC MANAGEMENT DIVISION (TMD)          |                                                                                                |                 |                                           |
| CLASSIFICATION:                                                                                                                                 | Simple                                                                                 |                                                                                                |                 |                                           |
| TYPES OF TRANSACTION:                                                                                                                           | G2C – Government to Citizen                                                            |                                                                                                |                 |                                           |
| WHO MAY AVAIL:                                                                                                                                  | Individuals / parties involved in traffic accident, or their authorized representative |                                                                                                |                 |                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                       |                                                                                        | WHERE TO SECURE                                                                                |                 |                                           |
| 1. Request Letter<br>2. Any government-issued ID card of the requester and or his/her authorized representative – Original and 1 photocopy each |                                                                                        | - Client<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                 |                                           |
| CLIENT STEPS                                                                                                                                    | AGENCY ACTION                                                                          | FEES TO BE PAID                                                                                | PROCESSING TIME | PERSON RESPONSIBLE                        |
| 1. Submit the requirements to OPSS Traffic Management Division (TMD).                                                                           | 1. Receive the requirements.                                                           | None                                                                                           | 1 minute        | TMD Staff                                 |
| 1.1 None                                                                                                                                        | 1.1 Check the records.                                                                 | None                                                                                           | 3 minutes       | TMD Staff                                 |
| 1.2 Secure Order of Payment.                                                                                                                    | 1.2. If the required information is available, issue the Order of Payment.             | None                                                                                           | 1 minute        | TMD Staff                                 |
| 2. Pay the required fee at OPSS Window 2 by showing the Order of Payment.                                                                       | 2. Accept the payment based on the Order of Payment.                                   | Certification/ CTC fee – PHP 100.00                                                            | 3 minutes       | Revenue Collection Clerk                  |
| 2.1 Secure an Official Receipt.                                                                                                                 | 2.1 Issue the Official Receipt.                                                        | None                                                                                           |                 |                                           |
| 3. Return to OPSS-TMD and show the Official Receipt for the issuance of Certification / Certified True Copy.                                    | 3. Check the Official Receipt and prepare the Certification / Certified True Copy.     | None                                                                                           | 5 minutes       | TMD Staff                                 |
| 3.1 None                                                                                                                                        | 3.1 Review and sign the Certification / Certified True Copy.                           | None                                                                                           | 5 minutes       | Admin Head,SIID Head, TMD Head, OPSS Head |

|                                                                                                                                                          |                                                                                                                                                                    |                                              |                   |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------|--------------------------------------|
| 3.2 Sign and return the duplicate copy of the Certification and Certified True Copy of the traffic accident report/blotter and secure the original copy. | 3.2 Request the client to sign the duplicate copy of the Certification and Certified True Copy of the traffic accident report/blotter and issue the original copy. | None                                         | 2 minutes         | Staff,<br>Administrative<br>Division |
|                                                                                                                                                          | <b>TOTAL:</b>                                                                                                                                                      | Certification/<br>CTC fee –<br>PHP<br>100.00 | <b>20 minutes</b> |                                      |

7. ISSUANCE OF TRAFFIC CLEARANCE

The Office of Public Safety and Security (OPSS) facilitates the issuance of Traffic Clearance to implement a certain project within the territorial jurisdiction of Antipolo City following traffic rules and regulations. This includes the issuance of Traffic Clearance to business establishments concerning their applications for pertinent permits and licenses from the City Government of Antipolo.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS)<br>TRAFFIC MANAGEMENT DIVISION (TMD)                                                                                                                                                                                                                                                                                                |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Simple                                                                                                                                                                                                                                                                                                                                                                          |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2B – Government to Business;<br>G2G – Government to Government                                                                                                                                                                                                                                                                                                                 |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Business entities; government agencies; or their authorized<br>representatives                                                                                                                                                                                                                                                                                                  |
| CHECKLIST OF<br>REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                 |
| Project/Roadwork:<br>1. Program of Work – Original<br>copy<br><br>2. Endorsement Letter<br><br>3. Any government-issued ID<br>card of the requester and or<br>his/her authorized<br>representative – Original and<br>1 photocopy each<br>4. Photos of the establishment<br>– Original copy (for<br><i>application of business<br/>entities for pertinent<br/>permits/licenses</i> )<br>5. Traffic Management Plan<br><br><br>Business:<br>1. DTI Permit<br>2. Latest Business Permit<br>3. Authorization Letter for<br>representative<br>4. Any government-issued ID<br>card of the requester and or<br>his/her authorized<br>representative – Original and<br>1 photocopy each | <div>- Client</div> <div>- City Engineering Office Agency / applicant</div> <div>- BIR, Post Office, DFA,SSS, GSIS,LTO, Pag-IBIG, COMELEC,<br/>or PSA,(Phil ID / PSN)</div> <div>- Client</div> <div>- Client</div> <div>- DTI</div> <div>- BPLO</div> <div>- Requester</div> <div>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG,<br/>COMELEC, or PSA (Phil ID / PSN)</div> |

TRAFFIC CLEARANCE FOR PROJECT IMPLEMENTATION:

| CLIENT STEPS                                                                               | AGENCY ACTION                                                                                           | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE       |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------|-----------------|--------------------------|
| 1. Submit the requirements to OPSS Traffic Management Division (TMD).                      | 1. Receive the requirements and endorse the same to the TMD Chief.                                      | None                       | 2 minutes       | TMD Staff                |
| 1.1 None                                                                                   | 1.1 Check the Program of Work. Once okay, return to TMD Staff for issuance of Order of Payment.         | None                       | 5 minutes       | TMD Chief                |
| 1.2 Secure an Order of Payment.                                                            | 1.2 Issue the Order of Payment.                                                                         | None                       | 1 minute        | TMD Staff                |
| 2. Pay the required fee at OPSS Window 2 by showing the Order of Payment.                  | 2. Accept the payment based on the Order of Payment.                                                    | Clearance fee – PHP 100.00 | 3 minutes       | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt.                                                            | 2.1 Issue the Official Receipt.                                                                         | None                       |                 |                          |
| 3. Return to OPSS-TMD and show the Official Receipt for the issuance of Traffic Clearance. | 3. Check the Official Receipt and prepare the Traffic Clearance.                                        | None                       | 3 minutes       | TMD Staff                |
| 3.1 None                                                                                   | 3.1 Review and sign the Traffic Clearance.                                                              | None                       | 4 minutes       | TMD Chief, OPSS Head     |
| 3.2 Sign the duplicate copy of the Traffic Clearance and secure the original copy.         | 3.2 Request the client to sign the duplicate copy of the Traffic Clearance and issue the original copy. | None                       | 2 minutes       | TMD Staff                |
|                                                                                            | TOTAL:                                                                                                  | Clearance fee – PHP 100.00 | 20 minutes      |                          |

**TRAFFIC CLEARANCE FOR PERMIT/LICENSE APPLICATIONS:**

| CLIENT STEPS                                                                               | AGENCY ACTION                                                                                                       | FEES TO BE PAID            | PROCESSING TIME   | PERSON RESPONSIBLE       |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|--------------------------|
| 1. Submit the requirements to OPSS-TMD.                                                    | 1. Receive the requirements and endorse the same to the TMD Chief.                                                  | None                       | 2 minutes         | TMD Staff                |
| 1.1 Get information about the schedule of inspection, if any.                              | 1.1 Set the schedule of inspection.                                                                                 | None                       | 2 minutes         | TMD Chief                |
| 2. Cooperate with the TMD personnel during the inspection.                                 | 2. Conduct the inspection.                                                                                          | None                       | 1 day             | TMD Personnel            |
| 2.1 Receive notification from OPSS TMD for:Order of Payment                                | 2.1 Notify the client for the Order of Payment.                                                                     | None                       |                   |                          |
| 3. Return to OPSS TMD and secure an Order of Payment.                                      | 3. Issue the Order of Payment.                                                                                      | None                       | 1 minute          | TMD Staff                |
| 4. Pay the required fee at OPSS Window 2 by showing the Order of Payment.                  | 4. Accept the payment based on the Order of Payment.                                                                | Clearance fee – PHP 100.00 | 3 minutes         | Revenue Collection Clerk |
| 4.1 Secure an Official Receipt.                                                            | 4.1 Issue the Official Receipt.                                                                                     | None                       |                   |                          |
| 5. Return to OPSS-TMD and show the Official Receipt for the issuance of Traffic Clearance. | 5. Check the Official Receipt and prepare the Traffic Clearance                                                     | None                       | 5 minutes         | TMD Staff                |
| 5.1 None                                                                                   | 5.1 Review and sign the Traffic Clearance/ Endorsement.                                                             | None                       | 5 minutes         | TMD Chief, OPSS Head     |
| 5.2 Sign the duplicate copy of the Traffic Clearance and secure the original copy          | 5.2 Request the client to sign the duplicate copy of the Traffic Clearance/Endorsement and issue the original copy. | None                       | 2 minutes         | TMD Staff                |
|                                                                                            | TOTAL:                                                                                                              | Clearance fee – PHP 100.00 | 1 day, 20 minutes |                          |

8. REDEMPTION OF IMPOUNDED VEHICLE

Vehicles impounded due to traffic violation/s or involvement in vehicular accident or similar event can be redeemed from the City Impounding Area after payment of fees and charges.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS)<br>TRAFFIC MANAGEMENT DIVISION/ADJUDICATION/REDEMPTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                             |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Simple                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                             |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                             |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Legal owner of the vehicle or his/her authorized representative / driver                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                             |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                             |
| 1. Ordinance Violation Receipt (OVR) - Original<br>2. Notarized Affidavit of Loss in case of lost OVR<br>3. Inventory Report Form – 1 photocopy<br>4. Official Receipt and Certificate of Registration (OR/CR) of the vehicle – Original and 2 photocopies<br>5. In case of no available OR/CR, Certification or Official Receipt / Sales Invoice (Full Payment) – Original and 1 photocopy<br>6. Any government-issued ID card of the owner – Original and 2 photocopies<br>7. In case of a vehicular accident, driver's license – Original and 1 photocopy<br>8. Clearance/ Release Order<br><br>9. Authorization letter, for representative – Original<br>10. Any government-issued ID card, for the representative – Original and 2 photocopies |                                                                                                    | - Apprehending Officer<br>- Notary Public Office<br>- Apprehending Officer<br>- Land Transportation Office (LTO)<br><br>- Merchant<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br>- LTO<br>- Antipolo City Police Investigator on the case or Municipal/City Trial Court (Court of competent jurisdiction), DPWH, City Administrator Office<br><br>- Legal owner of the vehicle<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                    |                             |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AGENCY ACTION                                                                                      | FEES TO<br>BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE       |
| 1. Submit the requirements to the OPSS Desk Officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Receive the requirements.                                                                       | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 minute           | Desk Officer                |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.1 Endorse to the Adjudication Officer.                                                           | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 minute           | Desk Officer                |
| 1.2 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.2 Check the documents as to validity and coordinate with the Towing and Impounding Section.      | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 minutes          | Adjudication Officer        |
| 1.3 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.3 Conduct a physical inspection of the vehicle.                                                  | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 minutes          | Towing and Impounding Staff |
| 2. Proceed to the Redemption Center / Window 1 (OPSS) and submit the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Receive the requirements.                                                                       | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 minutes          | Redemption Staff            |



|               |  |  |  |  |
|---------------|--|--|--|--|
| requirements. |  |  |  |  |
|---------------|--|--|--|--|

|                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |                                                  |                                                            |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------|
| 2.1 Secure an Order of Payment.                                                                                                                                                                                   | 2.1 Issue the Order of Payment.                                                                                                                                                                                          | None                                             |                                                            |                                                                  |
| 3. Pay the required fees at Window 2 (OPSS) by showing the Order of Payment.<br><br>3.1 Secure an Official Receipt.                                                                                               | 3. Accept the payment based on the Order of Payment.<br><br>3.1 Issue the Official Receipt.                                                                                                                              | Refer to the Schedule of Fees below<br><br>None  | 3 minutes                                                  | Revenue Collection Clerk                                         |
| 4. Proceed to the OPSS Towing and Impounding Section and<br>a. Show the Official Receipt and<br>b. Submit a photocopy of OR/CR and driver's license.<br><br>4.1 Sign the Release Log Book and redeem the vehicle. | 4. Check the Official Receipt and receive the photocopy of the OR/CR and driver's license.<br><br><br><br><br><br><br><br><br><br>4.1 Request the client to sign the Release Log Book and release the impounded vehicle. | None<br><br><br><br><br><br><br><br><br><br>None | 2 minutes<br><br><br><br><br><br><br><br><br><br>5 minutes | Towing Staff<br><br><br><br><br><br><br><br><br><br>Towing Staff |
|                                                                                                                                                                                                                   | <b>TOTAL:</b>                                                                                                                                                                                                            | Refer to Schedule of Fees below                  | <b>25 Minutes</b>                                          |                                                                  |

SCHEDULE OF TOWING FEES

| TYPE OF VEHICLE                                                       | TOWING FEE                                                |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Pedicabs and other non-motorized vehicles                             | PHP 100.00                                                |
| Motorcycles and tricycles                                             | PHP 400.00 for the 1 <sup>st</sup> km fraction thereof    |
| Cars, jeeps, pick-ups with gross capacity weight of 4,000 kgs or less | PHP 800.00 for the 1 <sup>st</sup> km or fraction thereof |
| Container vans, trailers                                              | PHP 1,800.00 for the 1 <sup>st</sup> 4 (four) kms.        |
| Trucks with total weight 4,000 kg and up                              | PHP 1,200.00 for the 1 <sup>st</sup> 4 (four) kms.        |

A common charge of ₱200.00 for every succeeding kilometer thereafter with the impounding areas as point of reference.

Storage charges of ₱100.00 per day or fraction thereof (after 3 days from the date the vehicle was impounded).

9. REDEMPTION OF WHEEL-CLAMPED VEHICLE

Any motor vehicle that has been clamped in violation of the Antipolo City Wheel Clamping Ordinance of 2016, as amended, may be redeemed by the driver/owner after payment of fine, penalty, and charge/s.

|                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                                                                                |                 |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                    | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS) REDEMPTION SECTION                                  |                                                                                                                                                                                |                 |                          |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                         | Simple                                                                                          |                                                                                                                                                                                |                 |                          |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                   | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |                                                                                                                                                                                |                 |                          |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                          | Legal owner of the vehicle or his/her authorized representative/driver                          |                                                                                                                                                                                |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                               |                                                                                                 | WHERE TO SECURE                                                                                                                                                                |                 |                          |
| 1. Ordinance Violation Receipt (OVR) - Original<br>2. Any government-issued ID card of the driver – Original and 1 photocopy                                                                                                                                                                                            |                                                                                                 | - Apprehending Officer<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)                                                                   |                 |                          |
| <i>In case of a towed vehicle (vehicle not redeemed after wheel-clamping)</i><br>1. Ordinance Violation Receipt (OVR) - Original<br>2. Notarized Affidavit of Loss in case of lost OVR<br>3. Any government-issued ID card of the driver/owner and or his/her authorized representative – Original and 1 photocopy each |                                                                                                 | - Apprehending Officer<br>- Notary Public Office<br>- Driver/owner, Notary Public Office<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN) |                 |                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                            | AGENCY ACTION                                                                                   | FEES TO BE PAID                                                                                                                                                                | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements to the OPSS Desk Officer at the EOC                                                                                                                                                                                                                                                          | 1. Receive the requirements.                                                                    | None                                                                                                                                                                           | 2 minutes       | OPSS Personnel on Duty   |
| 1.1 None                                                                                                                                                                                                                                                                                                                | 1.1 Endorse to Redemption Section                                                               | None                                                                                                                                                                           | 1 minute        | OPSS Personnel on Duty   |
| 1.2 None                                                                                                                                                                                                                                                                                                                | 1.2 Check the details                                                                           | None                                                                                                                                                                           |                 |                          |
| 1.3 Secure an Order of Payment.                                                                                                                                                                                                                                                                                         | 1.3 Issue the Order of Payment.                                                                 | None                                                                                                                                                                           |                 |                          |
| 2. Pay the required fees at window 2                                                                                                                                                                                                                                                                                    | 2. Accept the payment based on the Order of Payment.                                            | Refer to the Schedule of Fees on page 16                                                                                                                                       | 2 minutes       | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt.                                                                                                                                                                                                                                                                                         | 2.1 Issue the Official Receipt.                                                                 | None                                                                                                                                                                           | 1 minute        | Revenue Collection Clerk |

|                                                                                                   |                                                                                                                                                    |                                                  |                           |                                                               |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|---------------------------------------------------------------|
| 3. Show the Official Receipt to the OPSS Redemption Personnel.                                    | 3. Check the Official Receipt.                                                                                                                     | None                                             | 1 minute                  | OPSS Personnel on Duty                                        |
| 3.1 None                                                                                          | 3.1 Records the details of the redemption.                                                                                                         | None                                             | 3 minutes                 | OPSS Personnel on Duty                                        |
| 3.2 Proceed to the place where the wheel- clamped vehicle is located.                             | 3.2 Advise through radio the apprehending officer/traffic enforcer / wheel-clamping team for the unclamping/ release of the wheel-clamped vehicle. | None                                             | 1 hour                    | OPSS Personnel on Duty                                        |
| 3.3 Show the Official Receipt to the apprehending officer/ traffic enforcer/ wheel-clamping team. | 3.3 Check the Official Receipts                                                                                                                    | None                                             | 2 minutes                 | Apprehending officer / Traffic Enforcer / Wheel-Clamping Team |
| 3.4 Redeem the vehicle.                                                                           | 3.4 Release the unclamped vehicle to the driver/owner / authorized representative.                                                                 | None                                             | 1 minute                  | Apprehending officer / Traffic Enforcer / Wheel-Clamping Team |
|                                                                                                   | <b>TOTAL:</b>                                                                                                                                      | <b>Refer to the Schedule of Fees on page 16.</b> | <b>1 hour, 15 minutes</b> |                                                               |

**SCHEDULE OF WHEEL-CLAMPING FINES**

|                                                                                                                                    | <b>AMOUNT</b>                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| For the first 24-hour period, or a fraction thereof                                                                                | PHP 5,000.00                                                                                                                                        |
| For every succeeding 24-hour period thereafter, or a fraction thereof                                                              | PHP 100.00                                                                                                                                          |
| Towing fines                                                                                                                       | Pls. refer to the Schedule of Fees on page 14                                                                                                       |
| Unjust refusal to pay the foregoing fees                                                                                           | PHP 1,000.00, or 1 month imprisonment, or both, at the discretion of the Court                                                                      |
| Tampering, destroying, disfiguring, or defacing the wheel clamp or tire lock; or unauthorized release of the wheel-clamped vehicle | PHP 1,000.00, or 1 month imprisonment, or both, at the discretion of the Court                                                                      |
| Destroyed wheel clamp / tire lock for any case whatsoever                                                                          | The offender shall pay the value of the wheel clamp, without prejudice to any liability which he/she might be held accountable for such destruction |

10. SETTLEMENT OF ADMITTED APPREHENSION

Any motorist whose driver’s license and/or LTO plate is/are confiscated due to violation/s of existing city ordinances concerning traffic rules and regulations, transportation utilities and facilities, and related concerns may redeem such confiscated item/s at the Redemption Section of the Office of Public Safety and Security (OPSS) upon payment of fine / penalty /charge/s.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS)<br>REDEMPTION SECTION                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Simple                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C – Government to Citizen                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Apprehended drivers/owners of the vehicles/operators of public utility vehicles,<br>or their authorized representatives |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <div>1. Ordinance Violation Receipt (OVR) – Original</div> <div>2. Notarized Affidavit of Loss in case of lost OVR – Original</div> <div>Additional requirements in claiming confiscated plate:</div> <div>3. Valid LTO Official Receipt/Certificate of Registration (OR/CR) – Original and 1 photocopy</div> <div>4. Certification or Official Receipt/Sales Invoice (full payment), if OR/CR is not yet available – Original and 1 photocopy</div> <div>5. Any government-issued ID (for verification of ownership) – Original and 1 photocopy</div> <div>6. Notarized Deed of Sale, if the vehicle is not registered in the name of the present owner – 1 photocopy</div> <div>7. Clearance/Release Order, in case of vehicular accident and/or resulting in severe physical injuries, Reckless Driving, or Damage to Property:</div> <div>8. Medical Certificate and/or Death Certificate of involved person/s</div> <div>9. Proof of Kinship (Birth/Marriage Certificate)</div> <div>10. Authorization letter, for representative:</div> <div>11. Any government-issued ID card – (Authorizing person and Representative-Original and one (1) photocopy with three (3) specimen signature</div> |                                                                                                                         | <div>- Apprehending Officer</div> <div>- Notary Public office</div> <div>- Land Transportation Office</div> <div>- Merchant</div> <div>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</div> <div>- Notary Public Office</div> <div>- Antipolo City Police Investigator on Case, Municipal/City Trial Court (court of competent jurisdiction), City Administrator’s Office, OPSS Apprehending Officer, Traffic Enforcer on Duty</div> <div>- Attending Physician/Civil Registrar’s Office</div> <div>- Client</div> <div>- Apprehended Traffic Violator named in the OVR</div> <div>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</div> |

| CLIENT STEPS                                         | AGENCY ACTION                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|------------------------------------------------------|----------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Submit the requirements to the OPSS Desk Officer. | 1. Receive the requirements and check for completeness and validity. | None            | 2 minutes       | Desk Officer       |

**For Open Muffler:**

|                                                                   |                                                                                             |      |           |              |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------|-----------|--------------|
| 1.1 Submit the motorcycle/tricycle for inspection of the muffler. | 1.1 Inspect the muffler of the motorcycle/tricycle if already compliant with the standards. | None | 3 minutes | Desk Officer |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------|-----------|--------------|

**For Driving without a License:**

|                                                                                       |                                                                                                    |      |           |                      |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------|-----------|----------------------|
| 1.1 Proceed to the Adjudication Section.                                              | 1.1 Endorse the client and the requirements to the Adjudication Officer.                           | None | 2 minutes | Desk Officer         |
| 1.2 Attend Re-Orientation Seminar on Traffic Laws, Ordinances, Rules and Regulations. | 1.2 Conduct the seminar.                                                                           | None | 5 minutes | Adjudication Officer |
| 1.3 None                                                                              | 1.3 Write on the OVR (or on the attached Data Tracking Form) that the client attended the seminar. | None | 1 minute  | Adjudication Officer |
| 1.4 Retrieve the requirements from the Adjudication Officer                           | 1.4 Return the requirements                                                                        | None | 3 minutes | Adjudication Officer |

**For Self-Accident / Involved in Vehicular Accident and/or Damage to Government Property:**

|                                                              |                                                                          |      |           |                      |
|--------------------------------------------------------------|--------------------------------------------------------------------------|------|-----------|----------------------|
| 1.1 Proceed to the Adjudication Section.                     | 1.1 Endorse the client and the requirements to the Adjudication Officer. | None | 1 minute  | Adjudication Staff   |
| 1.2 Provide answers to clarification/s, if any.              | 1.2 Double-check the validity of the requirements.                       | None | 3 minutes | Adjudication Officer |
| 1.3 Retrieve the requirements from the Adjudication Officer. | 1.3 Once okay, return all the requirements to the client.                | None | 1 minute  | Adjudication Staff   |

|                                                                                    |                                                                            |      |           |                  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------|-----------|------------------|
| 2. Proceed to the Redemption Center / Window 1 (OPSS) and submit the requirements. | 2. Receive the requirements.                                               | None | 2 minutes | Redemption Staff |
| 2.1 None                                                                           | 2.1 Retrieve the driver's license and or LTO plate from the depository box | None | 2 minutes | Redemption Staff |

|                                                                                |                                                                                                        |                                                  |            |                                                                                           |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------|-------------------------------------------------------------------------------------------|
| 2.2 Secure Order of Payment.                                                   | 2.2 Issue the Order of Payment.                                                                        | None                                             | 2 minutes  | Redemption Staff                                                                          |
| 3. Pay the required fees at Window 2, OPSS by showing the Order of Payment.    | 3. Accept the payment based on the Order of Payment.                                                   | Refer to the Schedule of Fees on pages 19 to 22. | 2 minutes  | Revenue Collection Clerk                                                                  |
| 3.1 Secure an Official Receipt.                                                | 3.1 Issue the Official Receipt.                                                                        |                                                  | 1 minute   | Revenue Collection Clerk                                                                  |
| 4. Return to the Redemption Center and show the Official Receipt.              | 4. Check the Official Receipt.                                                                         | None                                             | 3 minutes  | Redemption Staff                                                                          |
| 4.1 Sign the Release Log Book and claim the driver's license and or LTO plate. | 4.1 Request the client to sign the Release Log Book and release the driver's license and or LTO plate. | None                                             |            |                                                                                           |
|                                                                                | TOTAL:                                                                                                 | Refer to the Schedule of Fees on pages 19 to 22. | 17 minutes | - for Open Muffler                                                                        |
|                                                                                |                                                                                                        |                                                  | 25 minutes | - for Driving without a License                                                           |
|                                                                                |                                                                                                        |                                                  | 19 minutes | - for Self Accident / Involved in Vehicular Accident and/or Damage to Government Property |

SCHEDULE OF FEES

| No. | TRAFFIC VIOLATION               | PENALTY                           |
|-----|---------------------------------|-----------------------------------|
| 1   | ARROGANT                        | PHP 400.00                        |
| 2   | CODING (TRICYCLE)               | PHP 1, 000.00                     |
| 3   | COLORUM                         | PHP 5,000.00 - Driven by Operator |
|     |                                 | PHP 3,000.00 - Driven by Driver   |
| 4   | COUNTERFLOW                     | PHP 500.00                        |
| 5   | DELINQUENT OVR / DRIVER LICENSE | PHP 500.00                        |
| 6   | DISREGARDING TRAFFIC SIGN       | PHP 500.00                        |

|   |                                     |            |
|---|-------------------------------------|------------|
| 7 | DISREGARDING TRAFFIC OFFICER        | PHP 500.00 |
| 8 | DRIVING TC ON NATIONAL ROAD/HIGHWAY | PHP 500.00 |

|    |                                              |                                     |
|----|----------------------------------------------|-------------------------------------|
| 9  | DRIVING UNDER INFLUENCE OF DRUG/LIQUOR       | PHP 2,000.00                        |
| 10 | DRIVING WITHOUT LICENSE                      | PHP 5,000.00                        |
| 11 | DRIVING MC WITH MINOR                        | PHP 500.00                          |
| 12 | EXCESSIVE SMOKE/SMOKE BELCHING               | PHP 300.00                          |
| 13 | FAKE DRIVERS' LICENSE                        | PHP1,500.00                         |
| 14 | FAKE REGISTRATION / LTO PLATE / STICKER      | PHP 3,000.00                        |
| 15 | ILLEGAL CHANGE COLOR                         | PHP 500.00                          |
| 16 | ILLEGAL PARKING                              | PHP 5,000.00                        |
| 17 | ILLEGAL TERMINAL                             | PHP 5,000.00                        |
| 18 | IMPROPER ATTIRE                              | PHP 500.00                          |
| 19 | IMPROPER DISPLAY OF LTO PLATE                | PHP 150.00                          |
| 20 | IMPROVISED PLATE                             | PHP 150.00                          |
| 21 | INTERIOR LIGHTING                            | PHP 150.00                          |
| 22 | INVALID FRANCHISE                            | PHP 1,200.00                        |
| 23 | JAYWALKING                                   | PHP 300.00-1 <sup>st</sup> Offense  |
|    |                                              | PHP 500.00-2 <sup>nd</sup> Offense  |
|    |                                              | PHP 800.00- 3 <sup>rd</sup> Offense |
| 24 | LOADING / UNLOADING ON PROHIBITED AREAS      | PHP 500.00                          |
| 25 | NO AFFILIATION / NO MUDGUARD                 | PHP 250.00                          |
| 26 | NO CANVASS COVER                             | PHP150.00                           |
| 27 | NO CITY PLATE                                | PHP 250.00                          |
| 28 | NO CRASH HELMET                              | PHP 500.00                          |
| 29 | NO ENTRY                                     | PHP 500.00                          |
| 30 | NO FRANCHISE / DOCUMENT CARRIED              | PHP 250.00                          |
| 31 | NO LEFT / RIGHT TURN                         | PHP 500.00                          |
| 32 | NO LTO PLATE                                 | PHP 400.00                          |
| 33 | NO LTO STICKER                               | PHP 150.00                          |
| 34 | NO / UNCARRIED OR /CR                        | PHP 150.00                          |
| 35 | NO SEATBELT / DRESS CODE                     | PHP 250.00                          |
| 36 | NO STICKER (ANTIPOLO IDENTIFICATION STICKER) | PHP 800.00                          |

|                                                                                                                                                                                                                                                         |                            |                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|
| 37                                                                                                                                                                                                                                                      | NO WASTE CAN/NO TRASH CAN  | PHP 500.00                                                                             |
| 38                                                                                                                                                                                                                                                      | NO U-TURN                  | PHP 500.00                                                                             |
| 39                                                                                                                                                                                                                                                      | OBSTRUCTION                | PHP 1,000.00 - Light/Private Vehicle                                                   |
|                                                                                                                                                                                                                                                         |                            | PHP 3,000.00 - Vehicles for Hire                                                       |
|                                                                                                                                                                                                                                                         |                            | PHP 5,000.00 - Truck (10 wheeler up)                                                   |
| 40                                                                                                                                                                                                                                                      | OPEN MUFFLER               | PHP 1,500.00 - 1 <sup>st</sup> Offense confiscation of modified muffler (C.O.2024-112) |
|                                                                                                                                                                                                                                                         |                            | PHP 2,500.00 - 1 <sup>st</sup> Offense confiscation of modified muffler (C.O.2024-112) |
| 41                                                                                                                                                                                                                                                      | OUT OF LINE / ROUTE        | PHP 3,000.00                                                                           |
| 42                                                                                                                                                                                                                                                      | OVERCHARGING               | PHP 5,000.00 - Driven by Operator (Cancellation of Franchise)                          |
|                                                                                                                                                                                                                                                         |                            | PHP 5,000.00 - Driven by Driver plus PHP 3,000.00 -Operator/Owner                      |
| 43                                                                                                                                                                                                                                                      | OVERLOADING                | PHP 4,000.00 - Driven by Operator (Tricycle for Hire)                                  |
|                                                                                                                                                                                                                                                         |                            | PHP 3,000.00 - Driver plus PHP 3,000.00 - Operator/Owner (Tricycle for Hire)           |
|                                                                                                                                                                                                                                                         |                            | PHP 500.00 - PUJ/MC                                                                    |
| 44                                                                                                                                                                                                                                                      | OVERSPEEDING               | PHP 500.00                                                                             |
| 45                                                                                                                                                                                                                                                      | PROHIBITION OF BARKER      | PHP 1, 000.00                                                                          |
| 46                                                                                                                                                                                                                                                      | RECKLESS DRIVING           | PHP 500.00                                                                             |
| 47                                                                                                                                                                                                                                                      | REFUSE TO CONVEY PASSENGER | PHP 1,000.00                                                                           |
| 48                                                                                                                                                                                                                                                      | STUDENT PERMIT             | PHP250.00                                                                              |
| 49                                                                                                                                                                                                                                                      | TARIPA                     | PHP 500.00                                                                             |
| 50                                                                                                                                                                                                                                                      | TRIP CUTTING               | PHP 1,000.00                                                                           |
| 51                                                                                                                                                                                                                                                      | TRUCK BAN                  | PHP2,000.00-1st Offense                                                                |
|                                                                                                                                                                                                                                                         |                            | PHP3,000.00-2nd Offense                                                                |
|                                                                                                                                                                                                                                                         |                            | PHP5,000.00-3rd Offense                                                                |
| 52                                                                                                                                                                                                                                                      | UNREGISTERED MV/PUJ        | PHP 450.00                                                                             |
| 53                                                                                                                                                                                                                                                      | UNREGISTERED SIDE CAR      | PHP 450.00                                                                             |
| <p>Note:</p> <p>In case of failure to appear or settle penalties within the prescribed period of five (5) days, a five percent (5%) per day surcharge will be added and appropriate court action instituted for unredeemed licenses beyond 30 days.</p> |                            |                                                                                        |



11. SETTLEMENT OF JAYWALKING VIOLATION

Any person who has been apprehended for jaywalking may opt to pay the corresponding fine at the Office of Public Safety and Security Office or perform community service based on the number of their offense committed right after attending the lecture being conducted by the Uniformed PNP or on duty OPSS personnel.

|                                                                                       |                                                                                          |                                     |                        |                          |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------|------------------------|--------------------------|
| OFFICE/<br>DIVISION:                                                                  | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS)<br>REDEMPTION SECTION / ADJUDICATION SECTION |                                     |                        |                          |
| CLASSIFICATION:                                                                       | Simple                                                                                   |                                     |                        |                          |
| TYPES OF<br>TRANSACTION:                                                              | G2C – Government to Citizen                                                              |                                     |                        |                          |
| WHO MAY AVAIL:                                                                        | Jaywalkers                                                                               |                                     |                        |                          |
| CHECKLIST OF REQUIREMENTS                                                             |                                                                                          | WHERE TO SECURE                     |                        |                          |
| 1. Ordinance Violation Receipt (OVR) - Original                                       |                                                                                          | - Apprehending officer              |                        |                          |
| CLIENT STEPS                                                                          | AGENCY ACTION                                                                            | FEES TO<br>BE PAID                  | PROCESSIN<br>G<br>TIME | PERSON<br>RESPONSIBLE    |
| 1. Pay the required fees at any City Treasurer’s Satellite Office by showing the OVR. | 1. Check the OVR and accept the payment.                                                 | Refer to the Schedule of Fees below | 2 minutes              | Revenue Collection Clerk |
| 1.1 Secure an Official Receipt.                                                       | 1.1 Issue the Official Receipt.                                                          | None                                | 1 minute               | Revenue Collection Clerk |
|                                                                                       | TOTAL:                                                                                   | Refer to the Schedule of Fees below | 3 minutes              |                          |

SCHEDULE OF JAYWALKING FINES

|                |                                                       |
|----------------|-------------------------------------------------------|
| OFFENSE        | AMOUNT                                                |
| First Offense  | PHP 300.00<br>or Community Service of three (3) hours |
| Second Offense | PHP 500.00<br>or Community Service of five (5) hours  |
| Third Offense  | PHP 800.00<br>or Community Service of eight (8) hours |

12. SUPPORT SERVICES TO RESEARCH WORKS

The Office of Public Safety and Security (OPSS) provides support services to students conducting research related to traffic management and traffic-related concerns.

|                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                     |                      |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                     | OFFICE OF PUBLIC SAFETY AND SECURITY (OPSS) ADMINISTRATIVE<br>DIVISION, TRAFFIC MANAGEMENT DIVISION               |                                                                                                                     |                      |                            |
| CLASSIFICATION:                                                                                                                                                                                                                          | Simple                                                                                                            |                                                                                                                     |                      |                            |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                 | G2C – Government to Citizen                                                                                       |                                                                                                                     |                      |                            |
| WHO MAY AVAIL:                                                                                                                                                                                                                           | Students                                                                                                          |                                                                                                                     |                      |                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                |                                                                                                                   | WHERE TO SECURE                                                                                                     |                      |                            |
| 1. Letter of request addressed to the City Mayor<br>– Original copy<br><br>2. Data Tracking Form (DTF) attached to the letter<br><br>3. Letter of school endorsement – Original copy<br><br>4. School ID card – Original and 1 photocopy |                                                                                                                   | - Client<br><br>- Office of the Mayor<br><br>- Current school of the student<br><br>- Current school of the student |                      |                            |
| CLIENT STEPS                                                                                                                                                                                                                             | AGENCY ACTION                                                                                                     | FEES TO<br>BE PAID                                                                                                  | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE      |
| 1. Submit the requirements to the OPSS Administrative Division.                                                                                                                                                                          | 1. Receive and check the requirements, record the details, and endorse the request to the OPSS Head.              | None                                                                                                                | 2 minutes            | Admin. Staff               |
| 1.1 Wait for the proper endorsement.                                                                                                                                                                                                     | 1.1 Check the request. If the same is in order, endorse the client to the OPSS Traffic Management Division (TMD). | None                                                                                                                | 3 minutes            | OPSS Head,<br>Admin. Staff |
| 2. Provide clarification to queries, if any.                                                                                                                                                                                             | 2. Gather and consolidate all the data needed and provide a printed document of the data for approval.            | None                                                                                                                | 1 hour               | TMD Staff                  |
| 2.1 None                                                                                                                                                                                                                                 | 2.1 Review and sign the document.                                                                                 | None                                                                                                                |                      | TMD Chief,<br>OPSS Head    |
| 2.2 Sign the duplicate copy of the document and secure the original copy.                                                                                                                                                                | 2.2 Request the client to sign the duplicate copy of the document and issue the original copy.                    | None                                                                                                                |                      | TMD Staff                  |
|                                                                                                                                                                                                                                          | TOTAL:                                                                                                            | None                                                                                                                | 1 hour,<br>5 minutes |                            |



# **People's Law Enforcement Board**

## **External Services**



## 1. ISSUANCE OF PLEB CERTIFICATION / CLEARANCE

The People's Law Enforcement Board (PLEB) Certification / Clearance issued to any member of the Philippine National Police (PNP) indicates the pendency or non-pendency of an administrative case against an officer, or enlisted personnel of the PNP. This service is particularly available to all PNP personnel who are assigned in the City of Antipolo, Province of Rizal.

|                                                                                                                                                  |                                                                    |                                                                              |                            |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                     | CITY OF ANTIPOLO /<br>PEOPLE'S LAW ENFORCEMENT BOARD               |                                                                              |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                           | G2G – Government to Government;<br>G2C – Government to Citizen     |                                                                              |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                 | Simple                                                             |                                                                              |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                            | All PNP personnel presently assigned in the City of Antipolo       |                                                                              |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                 |                                                                    | <b>WHERE TO SECURE</b>                                                       |                            |                               |
| 1. Request Form to be accomplished by the client<br>2. Duty Status<br>3. PNP ID Card – 1 photocopy<br>4. Personal appearance in complete uniform |                                                                    | - PLEB Office<br>- Police Regional Office CALABARZON<br>- Client<br>- Client |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                              | <b>AGENCY ACTION</b>                                               | <b>FEES TO<br/>BE PAID</b>                                                   | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to PLEB Office.                                                                                                       | 1. Receive the requirements and check case record on file, if any. | None                                                                         | 3 minutes                  | Receiving Clerk               |
| 1.1 Secure Order of Payment.                                                                                                                     | 1.1 Issue the Order of Payment.                                    | None                                                                         | 1 minute                   | Receiving Clerk               |
| 2. Pay the required fee to the City Treasurer's Office by showing the Order of Payment at the designated Payment Window.                         | 2. Accept the payment based on the Order of Payment.               | Certificati<br>on fee –<br>PHP<br>100.00                                     | 3 minutes                  | Revenue<br>Collection Clerk   |
| 2.1 Secure Official Receipt.                                                                                                                     | 2.1 Issue the Official Receipt.                                    | None                                                                         | 2 minutes                  | Revenue<br>Collection Clerk   |
| 3. Return to the PLEB Office and show the Official Receipt.                                                                                      | 3. Check the Official Receipt.                                     | None                                                                         | 1 minute                   | Receiving Clerk               |
| 3.1 None                                                                                                                                         | 3.1 Prepare the PLEB Clearance / Certification.                    | None                                                                         | 5 minutes                  | Record Clerk                  |
| 3.2 None                                                                                                                                         | 3.2 Review and sign the document.                                  | None                                                                         | 2 minutes                  | PLEB Chairman                 |
| 3.3 None                                                                                                                                         | 3.3 Seal, segregate and record the PLEB Clearance / Certification. | None                                                                         | 2 minutes                  | Record Clerk                  |

|                                                                                 |                                                                                                      |                                          |            |                 |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-----------------|
| 3.4 Sign in the Release Log Book and receive the PLEB Clearance/ Certification. | 3. 4 Request the client to sign in the Release Log Book and issue the PLEB Clearance/ Certification. | None                                     | 2 minutes  | Releasing Clerk |
|                                                                                 | TOTAL:                                                                                               | Certificati<br>on fee –<br>PHP<br>100.00 | 20 minutes |                 |

## 2. PLEB CITIZEN’S COMPLAINT

The People’s Law Enforcement Board (PLEB) is the central receiving entity for any citizen’s complaint against a uniformed member of the PNP. As such, every citizen’s complaint, regardless of the imposable penalty for the offense alleged, shall be filed with the PLEB of the city / municipality or legislative district where the offense was allegedly committed.

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |                                                                                      |                    |                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                          | CITY OF ANTIPOLO /<br>PEOPLE’S LAW ENFORCEMENT BOARD                                                                                                                                                                                          |                                                                                      |                    |                                                                                          |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                               | G2C – Government to Citizen;<br>G2G – Government to Government                                                                                                                                                                                |                                                                                      |                    |                                                                                          |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                      | Highly Technical                                                                                                                                                                                                                              |                                                                                      |                    |                                                                                          |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                | All PNP personnel presently assigned in the City of Antipolo                                                                                                                                                                                  |                                                                                      |                    |                                                                                          |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               | WHERE TO SECURE                                                                      |                    |                                                                                          |
| seven (7) sets:<br>1. Complaint in writing and signed under oath, by the aggrieved party or his/its duly authorized representative or guardian against any member of the PNP who appears to be responsible for the administrative offense charged<br>2. Sworn Certificate of Non-Forum Shopping<br>3. Affidavit of Witnesses and documentary evidence, if any |                                                                                                                                                                                                                                               | - Client / Notary Public<br><br>- Client / Notary Public<br>- Client / Notary Public |                    |                                                                                          |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                  | AGENCY ACTION                                                                                                                                                                                                                                 | FEES TO<br>BE PAID                                                                   | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                                    |
| 1. Submit the requirements to PLEB Office.                                                                                                                                                                                                                                                                                                                    | 1. Receive the requirements and check as to completeness and validity.                                                                                                                                                                        | None                                                                                 | 5 minutes          | PLEB Clerk                                                                               |
| 1.1Secure the signed receiving copy.                                                                                                                                                                                                                                                                                                                          | 1.1 Return to the client the received copy of the documents.                                                                                                                                                                                  | None                                                                                 | 3 minutes          |                                                                                          |
| 1.2 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                  | 1.2 If the complaint is in order, issue the Order of Payment.                                                                                                                                                                                 | None                                                                                 | 5 minutes          |                                                                                          |
| 2. Pay the required fee to the City Treasurer’s Office by showing the Order of Payment at the designated Payment Window.                                                                                                                                                                                                                                      | 2. Accept the payment based on the Order of Payment.                                                                                                                                                                                          | Filing Fee –<br>PHP<br>100.00/<br>complaint                                          |                    | Revenue<br>Collection Clerk                                                              |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                                                                                                                  | 2.1 Issue the Order of Payment.                                                                                                                                                                                                               | None                                                                                 |                    | PLEB Clerk                                                                               |
| 3. Submit the Official Receipt to PLEB Office and provide contact information.                                                                                                                                                                                                                                                                                | 3. Receive the Official Receipt and ask for the client’s contact information for feedback purposes.                                                                                                                                           | None                                                                                 |                    |                                                                                          |
| 4. Within 3 days from filing of complaint, ask/receive updates from PLEB Office as to the action taken on the complaint.                                                                                                                                                                                                                                      | 4. Evaluate the complaint.<br><br>If the offense is minor, prepare and serve the letter of referral/endorsement to the Chief of Police or Mayor.<br><br>If the offense alleged is grave or less grave, prepare the summons and serve upon the | None<br><br>None<br><br>None                                                         | 3 days             | PLEB Secretary<br><br>PLEB Secretary.<br>PLEB Clerk<br><br>PLEB Secretary.<br>PLEB Clerk |

|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                |                                                                   |
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|                                                                                                                          | respondent within 3 days from receipt of the complaint.                                                                                                                                                                                                                                                                                                                                                                           |                                           |                |                                                                   |
| 5. None                                                                                                                  | 5. Receive the answer submitted by the respondent within 7 working days from the service of the summon.                                                                                                                                                                                                                                                                                                                           | None                                      | 7 days         | PLEB Clerk                                                        |
| 6. Receive summon to, and attend a pre-hearing conference within 5 days from receipt of the respondent's answer by PLEB. | 6. Summon the parties to a pre-hearing conference and conduct the same for the purpose of: <ul style="list-style-type: none"> <li>a. Defining and simplifying the issues of the case;</li> <li>b. Entering into admissions and/or stipulation of facts;</li> <li>c. Marking of exhibits after proper identification by the parties/ signatories; and</li> <li>d. Threshing out all other matters relevant to the case.</li> </ul> | None                                      | 15 days        | PLEB Secretary.<br>PLEB members                                   |
| 7. Submit a position paper within 15 days from the termination of the pre-hearing conference.                            | 7. Receive the respective verified position papers in lieu of a full blown hearing.                                                                                                                                                                                                                                                                                                                                               | None                                      | 15 days        | PLEB Clerk                                                        |
| 8. Attend the clarificatory hearing and submit written clarificatory questions.                                          | 8. Conduct a one-time clarificatory hearing where the parties are afforded the opportunity to be present and submit written clarificatory questions.                                                                                                                                                                                                                                                                              | None                                      | 5 days         | PLEB members,<br>PLEB Secretary,<br>PLEB Clerk                    |
| 8.1 Submit a proposed draft decision for the consideration of the PLEB.                                                  | 8.1 Receive the proposed draft decision/s submitted by any of the parties, or both.                                                                                                                                                                                                                                                                                                                                               | None                                      |                |                                                                   |
| 9. Receive a copy of the PLEB's decision.                                                                                | 9. Issue the PLEB's decision on the case filed which shall be served through the assigned process server.                                                                                                                                                                                                                                                                                                                         | None                                      | 14 days        | PLEB members,<br>PLEB Secretary,<br>PLEB Clerk,<br>Process Server |
|                                                                                                                          | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Filing Fee – PHP 100.00/ complaint</b> | <b>60 days</b> |                                                                   |

*Note:*  
*The party adversely affected by the decision may file a motion for reconsideration with the PLEB within ten (10) days from receipt of a copy thereof. Only one (1) motion for reconsideration shall be allowed, and the same shall be considered and decided by the PLEB within fifteen (15) days from receipt thereof.*

*The PLEB shall issue a Certificate of Finality of the decision or resolution finally disposing of the case where no motion for reconsideration or appeal is filed within the prescribed period.*



## **Public Employment Service Office (PESO) External Services**





**1. ISSUANCE OF CERTIFICATION OF ACCREDITATION AND OR POSTING OF JOB VACANCIES**

Employers may visit the Public Employment Service Office (PESO), or request via e-mail for accreditation by the City Government through PESO, subsequent issuance of certificate of accreditation and or posting of job vacancies

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                        |                                             |
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| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                 | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION /<br>RECORDS & ADMINISTRATIVE SUPPORT SERVICES |                                                                                                                                                                                                                                                                                                                       |                        |                                             |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Simple                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                        |                                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                             | G2B – Government to Business                                                                                       |                                                                                                                                                                                                                                                                                                                       |                        |                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                    | Accredited Employers (Local & Overseas)                                                                            |                                                                                                                                                                                                                                                                                                                       |                        |                                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                |                        |                                             |
| 1. Letter of Intent for Accreditation – Original<br>2. Company Profile – 1 photocopy<br>3. Mayor's (Business) Permit – 1 photocopy<br>4. DTI / SEC / CDA Registration – 1 photocopy<br><br>5. DOLE Registration / License – 1 photocopy<br><br>6. Certificate of No Pending Case (for manpower agencies only) – 1 photocopy<br>7. List of Job Vacancies with Qualifications and Number of Vacant Positions – 1 photocopy |                                                                                                                    | - Client<br>- Client<br>- Business Permits and Licensing Office<br>- Department of Trade and Industry /<br>Securities and Exchange Commission /<br>Cooperative Development Authority<br><br>- Department of Labor and Employment (DOLE) - Rizal Provincial Office<br>- DOLE - Rizal Provincial Office<br><br>- Client |                        |                                             |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                      | <b>AGENCY ACTION</b>                                                                                               | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. Submit the requirements to PESO or email the same to <a href="mailto:peso_antipolo2014@yahoo.com">peso_antipolo2014@yahoo.com</a> .                                                                                                                                                                                                                                                                                   | 1. Receive and check the requirements as to validity and completeness.                                             | None                                                                                                                                                                                                                                                                                                                  | 1 day                  | Employment Facilitation Staff               |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.1 Evaluate the documents.                                                                                        | None                                                                                                                                                                                                                                                                                                                  |                        | Employment Facilitation Staff               |
| 1.2 None                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.2 Prepare the Employer's Certificate of Accreditation.                                                           | None                                                                                                                                                                                                                                                                                                                  |                        | Employment Facilitation Staff               |
| 1.3 None                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.3 Review and sign the Certificate.                                                                               | None                                                                                                                                                                                                                                                                                                                  |                        | Administrative Services Staff/<br>PESO Head |

|                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                |                                                           |
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| <p>2. Sign in the Release Log Book and secure the Employer's Certificate of Accreditation.</p> <p>For online request, visit PESO to claim the Certificate.</p> | <p>2. Request the client to sign in the Release Log Book and issue the Certificate.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | None        |                                                                | Employment Facilitation Staff                             |
| <p>3. For the posting of job vacancies, provide the list thereof to PESO.</p>                                                                                  | <p>3. Receive the List of Job Vacancies for posting on the bulletin board of PESO.</p> <p>3.1 Furnish and post the Job Vacancies Solicited to the following:</p> <ul style="list-style-type: none"> <li>a. Public Information Office (PIO) – for the weekly / monthly posting on the Antipolo City Gov Facebook page</li> <li>b. City Human Resource Development Office – for posting on its bulletin board</li> <li>c. City Hall Annex I – IV – for posting on their bulletin boards.</li> </ul> <p>3.2 Post the job vacancies solicited at PESO FB page</p> | None        | 1 day                                                          | Employment Facilitation Section – Administrative Services |
|                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>None</b> | <b>1 day – for Accreditation only</b>                          |                                                           |
|                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>None</b> | <b>2 days – for Accreditation and Posting of Job Vacancies</b> |                                                           |

2. ISSUANCE OF JOB REFERRAL / LETTER OF RECOMMENDATION FOR JOB APPLICATIONS

The Public Employment Services Office or PESO provides employment assistance to applicants / job seekers through referral / recommendation. Applicants undergo a pre-qualification process which consists of job matching and counseling, among others prior to the issuance of job referral / recommendation letter addressed to prospective employer/s. To apply for a job through the assistance of PESO, job seekers are advised to provide a complete set of requirements, neatly prepared, no erasure and no folding.

|                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                     |                    |                                           |
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| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                           | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION                         |                                     |                    |                                           |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                | Complex                                                                                     |                                     |                    |                                           |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                       | G2C – Government to Citizen                                                                 |                                     |                    |                                           |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                 | Job applicants                                                                              |                                     |                    |                                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                      |                                                                                             | WHERE TO SECURE                     |                    |                                           |
| 1. Bio-Data/Resume with 2X2 ID Picture – Original<br>2. Public Employment Information System (PEIS)<br>DOLE Registration Form – to be accomplished by the client                                                                                                                                                               |                                                                                             | - Client<br>- PESO, or DOLE website |                    |                                           |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                   | AGENCY ACTION                                                                               | FEES TO<br>BE PAID                  | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                     |
| 1. Submit the requirements to PESO, or email at <a href="mailto:peso_antipolo2014@yahoo.com">peso_antipolo2014@yahoo.com</a> / <a href="mailto:peso.antipolo@gmail.com">peso.antipolo@gmail.com</a> , or Register online at <a href="http://www.bit.ly/PESOAntipoloJobApplication">www.bit.ly/PESOAntipoloJobApplication</a> . | 1. Receive the requirements / acknowledge receipt of the email.                             | None                                | 1 day              |                                           |
| 1.1 None                                                                                                                                                                                                                                                                                                                       | 1.1 Check the client's credentials against the List of Job Vacancies.                       | None                                |                    |                                           |
| 1.2 None                                                                                                                                                                                                                                                                                                                       | 1.2 Inform the client of the available job vacancies that match his/her credentials.        | None                                |                    |                                           |
| 2. After passing an online job interview, secure Job Referral/ Letter of Recommendation.                                                                                                                                                                                                                                       | 2. Prepare the Job Referral / Letter of Recommendation for review and signing by PESO Head. | None                                | 5 days             | Employment Facilitation Staff / PESO Head |
| 2.1 Sign in the Release Log Book and receive the Job Referral.                                                                                                                                                                                                                                                                 | 2.1 Request the client to sign in the Release Log Book and issue the Job Referral.          |                                     |                    | Employment Facilitation Staff             |
|                                                                                                                                                                                                                                                                                                                                | TOTAL:                                                                                      | None                                | 6 days             |                                           |

3. ISSUANCE OF MAYOR’S OCCUPATIONAL / WORK PERMIT

Any and all individuals who are newly hired by employers within the territorial jurisdiction of Antipolo are required to secure Mayor’s Occupational/Work Permit which they have to submit to their respective employers as part of their credentials.

Renewal of the Mayor’s Occupational/Work Permits of individuals who are already employed in the City of Antipolo, except those who are working in government offices and barangays, shall be undertaken by their respective employers within the month of January of every year. Penalties shall be imposed upon individuals who failed to renew their Mayor’s Permit within the period of January 1 to 31.

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| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                                            | PUBLIC EMPLOYMENT SERVICE OFFICE<br>OCCUPATION/WORK PERMIT SECTION   |                                                                                                             |                    |                               |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                 | Complex                                                              |                                                                                                             |                    |                               |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                                        | G2C – Government to Citizen                                          |                                                                                                             |                    |                               |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                  | Job applicants                                                       |                                                                                                             |                    |                               |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                       |                                                                      | WHERE TO SECURE                                                                                             |                    |                               |
| <b>For Walk-In Clients:</b><br>1. Health Certificate for workers engaged in food/eatery establishments and workers engaged in night or night and day establishments – Original copy<br><br>2. Latest Work Permit ID Card, for renewal – Original copy<br><br><b>For Online Registrants:</b><br>1. Screen shot or present the printed copy of the reference code |                                                                      | <div>- City Health Office</div> <div>- Client</div><br><div>-app3.epi-clearance.com/mc/rizal/antipolo</div> |                    |                               |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                        | FEES TO<br>BE PAID                                                                                          | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE         |
| <b>FOR INDIVIDUAL:</b><br><br>1. Visit PESO and or register on line at app3.epi-clearance.com/mc/rizal/antipolo<br><br>1.1 Screenshot or print the reference code and present to PESO when securing work permit                                                                                                                                                 | 1. Issue Occupation/Work Permit Assessment Form and Order of Payment | None                                                                                                        | 5 minutes          | Occupation/ Work Permit Staff |
| 2. Pay the required fees at the Cashier Section, 3 <sup>rd</sup> Floor of the Main City Hall Building by showing the Assessment/Order of Payment.                                                                                                                                                                                                               | 2. Accept the payment based on the Order of Payment.                 | Permit Fee-Php30 0.00 per annum                                                                             | 3 minutes          | Revenue Collection Clerk      |
| 3. Return to PESO and present the Official Receipt for the issuance                                                                                                                                                                                                                                                                                             | 3. Check the Official Receipt.                                       | None                                                                                                        | 1 minutes          | Occupation/ Work Permit Staff |

|                                       |                                                |                                        |                   |                                     |
|---------------------------------------|------------------------------------------------|----------------------------------------|-------------------|-------------------------------------|
| of Mayor's Occupational / Work Permit | 3.1. Verify the applicant's data in the system | None                                   | 2 minutes         | Partner Service Provider (Eastland) |
|                                       | 3.1. Process the data in the system            |                                        | 3 minutes         |                                     |
|                                       | 3.2. Issue the work permit ID Card             |                                        | 1minute           |                                     |
|                                       |                                                |                                        |                   |                                     |
|                                       | <b>TOTAL:</b>                                  | <b>Permit Fee: Php300.00 per annum</b> | <b>15 minutes</b> |                                     |

**FOR COMPANIES:**

| CLIENT STEPS                                                                                                                                                                                                       | AGENCY ACTION                                                                                                     | FEES TO BE PAID                        | PROCESSING TIME                | PERSON RESPONSIBLE            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|-------------------------------|
| 1. Visit PESO and secure None-Appearance forms for your employees and or register your employees on line at <a href="http://app3.epi-clearance.com/mc/rizal/antipolo">app3.epi-clearance.com/mc/rizal/antipolo</a> | 1. Receive the forms and check as to validity.                                                                    | None                                   | 2 minutes                      | Occupation/ Work Permit Staff |
| 1.1 Submit the duly accomplished none-appearance forms and or print their reference codes and submit to PESO with the photocopy of your company's business permit official receipt when securing work permit       | 1.1 Check the Company's Official Receipt as to number of employees covered by the receipt or paid by the company. |                                        | 6 minutes                      |                               |
|                                                                                                                                                                                                                    | 1.2 Record and endorse the forms to Eastland (Service Provider) for the preparation of occupation/work permits.   |                                        | 3 days                         |                               |
|                                                                                                                                                                                                                    | 1.3 PESO to inform the company and issue the work permit ID Cards                                                 |                                        | 2 minutes                      |                               |
|                                                                                                                                                                                                                    | <b>TOTAL:</b>                                                                                                     | <b>Permit Fee: Php300.00 per annum</b> | <b>3 days &amp; 10 minutes</b> |                               |

4. JOB FAIR CLEARANCE FACILITATION SERVICES

The City Government welcomes all accredited employers who intend to conduct job fairs in Antipolo City. Proponents have to coordinate with the Public Employment Service Office (PESO) at least two (2) weeks prior to the conduct of a job fair activity for the processing of Job Fair Clearance to be issued by the Department of Labor and Employment (DOLE). The PESO facilitates the preparation, approval and delivery to DOLE of the Request for Job Fair Clearance signed by the City Mayor.

|                                                                                                                                                                                                      |                                                                                 |                       |                     |                               |
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| OFFICE/<br>DIVISION:                                                                                                                                                                                 | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION             |                       |                     |                               |
| CLASSIFICATION:                                                                                                                                                                                      | Complex                                                                         |                       |                     |                               |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                             | G2B – Government to Business                                                    |                       |                     |                               |
| WHO MAY AVAIL:                                                                                                                                                                                       | Project contractors of the City Government of Antipolo                          |                       |                     |                               |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                            |                                                                                 | WHERE TO SECURE       |                     |                               |
| 1. Letter of request addressed to the City Mayor thru the PESO Head Indicating the following information, among others:<br>a. Contact person<br>b. Contact number<br>c. Other details of the request |                                                                                 | - Client              |                     |                               |
| CLIENT STEPS                                                                                                                                                                                         | AGENCY ACTION                                                                   | FEES<br>TO BE<br>PAID | PROCESSIN<br>G TIME | PERSON<br>RESPONSIBLE         |
| 1. Submit the letter of request to PESO.                                                                                                                                                             | 1. Receive the requirement.                                                     | None                  | 7 days              | Employment Facilitation Staff |
| 1.2 None                                                                                                                                                                                             | 1.1 Check the availability of the requested date for the job fair.              | None                  |                     | Employment Facilitation Staff |
| 1.3 None                                                                                                                                                                                             | 1.2 Prepare the letter of request to DOLE for Clearance to Conduct Job Fair.    | None                  |                     | Employment Facilitation Staff |
|                                                                                                                                                                                                      | 1.3 Review and endorse the letter to the City Mayor for approval and signature. | None                  |                     | PESO Head / City Mayor        |
|                                                                                                                                                                                                      | 1.4 Submit to DOLE the Letter of Request for Job Fair Clearance.                | None                  |                     | Employment Facilitation Staff |
|                                                                                                                                                                                                      | TOTAL:                                                                          | None                  | 10 days             |                               |

5. PROVISION OF ASSISTANCE TO EMPLOYERS FOR THE BROWSING OF APPLICANTS

The Public Employment Service Office (PESO) maintains a compilation of all Public Employment Information System (PEIS) DOLE Registration Form accomplished by job seekers / applicants for future reference purposes such as but not limited to browsing of applicants by accredited employers.

|                           |                                                                                                                    |
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| OFFICE/<br>DIVISION:      | PUBLIC EMPLOYMENT SERVICE OFFICE<br>EMPLOYMENT FACILITATION SECTION /<br>RECORDS & ADMINISTRATIVE SUPPORT SERVICES |
| CLASSIFICATION:           | Simple/Complex                                                                                                     |
| TYPES OF TRANSACTION:     | G2B – Government to Business                                                                                       |
| WHO MAY AVAIL:            | Job applicants                                                                                                     |
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE                                                                                                    |
| 1. Letter of request      | - Client                                                                                                           |

FOR WALK-IN CLIENTS:

| CLIENT STEPS                                                                                                                       | AGENCY ACTION                                                                                                             | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------------------------------------------------------|
| 1. Submit the requirement to PESO.                                                                                                 | 1. Receive the requirement and check the request.                                                                         | None               | 1 day              | Employment<br>Facilitation<br>Staff/Labor<br>Employment<br>Officer II |
| 1.1 Receive the PEIS records (and or available resumes) and secure a blank Summary Report Form.                                    | 1.1 Give the list of applicants / PEIS records on file (and or available resumes) then issue a blank Summary Report Form. | None               |                    |                                                                       |
| 2. Browse the PEIS Records (and or the available resumes) then accomplish the blank Summary Report Form with qualified applicants. | 2. Attend to queries or clarifications of the client, if any.                                                             | None               |                    | Records and<br>Administrative<br>Services Staff                       |
| 3. Return the PEIS Record/Resumes' and provide PESO with photocopy of the accomplished Summary Report Form.                        | 3. Receive the PEIS Record and photocopy of the Summary Report Form.                                                      | None               |                    | Employment<br>Facilitation Staff                                      |
|                                                                                                                                    | TOTAL:                                                                                                                    | None               | 1 day              |                                                                       |

FOR ONLINE REQUEST:

| CLIENT STEPS                                                                                                                                                                         | AGENCY ACTION                                                                                                                     | FEEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|-----------------------------------------------------------|
| 1. Email request to PESO at <a href="mailto:peso_antipolo2014@yahoo.com">peso_antipolo2014@yahoo.com</a> .<br><br>1.1 Acknowledge receipt of the reply / e-mail and its attachments. | 1. Check the email.<br><br>1.1 Reply to the e-mail attached the List of Applicants in PEIS Forms and a blank Summary Report Form. | None<br><br>None | 5 days          | Employment Facilitation Staff/Labor Employment Officer II |
| 2. Browse the PEIS Record and accomplish the blank Summary Report Form with qualified applicants.                                                                                    | 2. Attend to queries or clarifications of the client, if any.                                                                     | None             |                 | Records and Administrative Services Staff                 |
| 3. Email to PESO an e-copy of the accomplished Summary Report Form.                                                                                                                  | 3. Acknowledge receipt of the e-mail and its attachments.                                                                         | None             |                 | Employment Facilitation Staff                             |
|                                                                                                                                                                                      | TOTAL:                                                                                                                            | None             | 5 days          |                                                           |



6. SPES FACILITATION SERVICES

Pursuant to Republic Act No. 9547 otherwise known as the “**Special Program for the Employment of Students (SPES)**”, employment facilitation services for applicants to the program are being done by the Public Employment Service Office (PESO). SPES is an employment bridging program during Summer or Christmas vacation that aims to augment the family’s income of poor but deserving students, out-of-school youth (OSY) or dependents of displaced workers who intend to finish their education. After passing the prescreening stage, SPES beneficiaries shall return to PESO for orientation and contract signing prior to the start of their employment.

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| OFFICE/<br>DIVISION:                                                                                                                                                                                                                                                                                                                      | PUBLIC EMPLOYMENT SERVICE OFFICE<br>PROGRAM FACILITATION SECTION                                                                                                                                                                                           |                                                                                                                                                                                                                           |                 |                            |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                           | Complex                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |                 |                            |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                 |                            |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                            | Residents of Antipolo City, at least 15 but not more 30 years of age (students with no failing grades / OSY / dependents of displaced / would be displaced workers) whose combined net income after tax of parents does not exceed Php168,500.00 per annum |                                                                                                                                                                                                                           |                 |                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                           |                 |                            |
| 1. Bio-Data/Resume with 2X2 ID Picture – Original<br>2. SPES Application Form – 1 copy<br><br>3. Certificate of Birth – 1 photocopy<br>4. School Report Card (Form 138), or Student’s Class Cards – Certified True Copy<br>5. School Registration Form<br>6. Certificate of Indigency<br>7. Out-of-School Youth (OSY) Certificate for OSY |                                                                                                                                                                                                                                                            | - Client<br>- PESO / Downloadable Forms at <a href="http://dole.gov.ph">dole.gov.ph</a><br>- PSA / Civil Registrar’s Office<br>- School last attended<br><br>- School last attended<br>- Barangay Hall<br>- Barangay Hall |                 |                            |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                              | AGENCY ACTION                                                                                                                                                                                                                                              | FEES TO BE PAID                                                                                                                                                                                                           | PROCESSING TIME | PERSON RESPONSIBLE         |
| 1. Submit the requirements to PESO thru:<br><br>a. Drop box located in front of PESO.<br><br>b. Online registration at <a href="http://bit.ly/SPESAntipolo">bit.ly/SPESAntipolo</a> .                                                                                                                                                     | 1. Receive and check the requirements / Acknowledge the receipt of the application.                                                                                                                                                                        | None                                                                                                                                                                                                                      | 1 day           | Program Facilitation Staff |
| 2. Wait for a call from PESO and submit to interview.<br><br>2.1 Get schedule of draw lots, orientation via zoom, contract signing and work deployment.                                                                                                                                                                                   | 2. Call the client for screening and or interview.<br><br>2.1 Inform the client of the schedule of draw lots, orientation via zoom, contract signing and work deployment.                                                                                  | None                                                                                                                                                                                                                      | 6 days          | Program Facilitation Staff |
| TOTAL:                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            | None                                                                                                                                                                                                                      | 7 days          |                            |

7. OFW HELPDISK

Pursuant to RDC Resolution No. IV-A-119-2017 entitled, “Approving the Call For All Cities and Municipalities in the Region to Create a Migration and Development council, Migration Resource Center or Help Desk ”Local Migration and Development Council was formed through Executive Order 02 series of 2018 designating the Public Employment Service Office as the focal unit and OFW Helpdesk in the city to increase access or assistance to OFs/OFWs including their children and City Ordinance No. 2020-959 “An Ordinance Creating Local Migration and Development Committee, Migration Resource Center for OFWs, Providing For Its Composition, And Appropriating Funds Therefor and For Other Purposes’.

|                                                                                                                                                                                 |                                                                                             |                                                          |                    |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------|------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                            | PUBLIC EMPLOYMENT SERVICE OFFICE<br>PROGRAM FACILITATION SECTION                            |                                                          |                    |                                    |
| CLASSIFICATION:                                                                                                                                                                 | Complex                                                                                     |                                                          |                    |                                    |
| TYPES OF<br>TRANSACTION:                                                                                                                                                        | G2C – Government to Citizen                                                                 |                                                          |                    |                                    |
| WHO MAY AVAIL:                                                                                                                                                                  | OFWs (Returning and repatriated)                                                            |                                                          |                    |                                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                       |                                                                                             | WHERE TO SECURE                                          |                    |                                    |
| <ul style="list-style-type: none"><li>- Photocopy of passport</li><li>- Photocopy of Overseas Employment Contract (For Returning OFW)</li><li>- Proof of Repatriation</li></ul> |                                                                                             | <ul style="list-style-type: none"><li>- Client</li></ul> |                    |                                    |
| CLIENT STEPS                                                                                                                                                                    | AGENCY ACTION                                                                               | FEES TO<br>BE PAID                                       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE              |
| 1. Visit PESO at 4/F of Antipolo City Hall (Old) Bldg.                                                                                                                          | 1. Receive the OFW Case Intake Sheet and assess what kind of services to extend to the OFW. | NONE                                                     | 5 minutes          | Program<br>Facilitation<br>Section |
| 1.1 Register in the OFW log sheet and secure an OFW case intake sheet.                                                                                                          | 1.1 Refer the OFW to agencies/departm ents based on their needs as per assessment.          | NONE                                                     | 5 minutes          |                                    |
| 1.2 Fill-out the intake sheet and submit it to PESO for interview and assessment.                                                                                               |                                                                                             |                                                          |                    |                                    |
|                                                                                                                                                                                 | TOTAL:                                                                                      | None                                                     | 10 minutes         |                                    |

8. APPLICATION FOR THE SPECIAL PROGRAM FOR THE EMPLOYMENT OF SENIOR CITIZENS AND PERSON WITH DISABILITIES

The Philippines has laws and regulations that mandate the inclusion of senior citizens and PWDs in the workforce. Republic Act No. 7432, as amended by Republic Act No. 9257, mandates the employment of senior citizens. Similarly, Republic Act No. 7277, or the Magna Carta for Disabled Persons, ensures the rights and privileges of PWDs, including employment opportunities. Employment of senior citizens and PWDs in the Philippines is not only a legal requirement but also a strategic decision that promotes inclusivity, diversity, and economic development while fulfilling corporate social responsibility obligations.

|                      |                                                                                                                                                                                                        |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office or Division   | PROGRAM FACILITATION SECTION                                                                                                                                                                           |
| CLASSIFICATION       | Simple                                                                                                                                                                                                 |
| TYPES OF TRANSACTION | Government to Private Sector                                                                                                                                                                           |
| WHO MAY AVAIL        | - Residents of Antipolo City<br><b><u>For Senior Citizens</u></b><br>- 60 years old up<br>- physically fit to work<br><br><b><u>For Persons With Disabilities</u></b><br>-18 years old to 35 years old |

| CHECKLIST OF REQUIREMENTS           | WHERE TO SECURE    |
|-------------------------------------|--------------------|
| Bio-Data/Resume with 2X2 ID Picture |                    |
| Medical/Health Permit               | City Health Office |
| Police/NBI Clearance                | PNP/NBI            |
| Occupation/Work Permit              | PESO               |
| Certificate of Indigency            | Barangay           |
|                                     |                    |

| CLIENT STEPS                        | AGENCY ACTION                                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE              |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------------------|
| 1. Apply or Register at PESO Office | Check and screen applicants based on the qualifications of and the completeness and validity of the documents/requirements submitted. | NONE            | 5 minutes       | Employment Facilitation Section |

|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|----------------------------------------|
| 1. Wait for the endorsement to CHO for medical test                                                                                                                  | <p>Issue the endorsement slip to the applicant for medical</p> <p>Advise the client to proceed to the City Health Office for the medical test;<br/> <b><u>For Senior Citizens:</u></b><br/>           -Urinalysis<br/>           -Fecalalysis<br/>           -ECG<br/>           -Chest Xray</p> <p><b><u>For PWDs</u></b><br/>           Urinalysis<br/>           -Fecalalysis<br/>           -ECG<br/>           -Chest Xray<br/>           -Drug Test</p> | NONE        | 5-10 minutes      | <i>Employment Facilitation Section</i> |
| 2. Request for Medical Certificate & Health Permit<br><br>sent all results of medical test to CHO and wait for the issuance of Medical certificate and Health permit | <p><b><u>For Senior Citizens:</u></b><br/> <b><u>RESULTS OF</u></b><br/>           -Urinalysis<br/>           -Fecalalysis<br/>           -ECG<br/>           -Chest Xray</p> <p><b><u>For PWDs</u></b><br/> <b><u>RESULTS OF</u></b><br/>           Urinalysis<br/>           -Fecalalysis<br/>           -ECG<br/>           -Chest Xray<br/>           -Drug Test</p>                                                                                      |             |                   | CHO                                    |
| 3. Submit to PESO all medical exams undertaken, including the Medical Certificate                                                                                    | <p>1. PESO to check the medical certificate if fit to work and Health permit</p> <p>2. If fit to work PESO to advise the client to secure work permit</p> <p>3. PESO to submit to Jolibee Group of Companies documents of SCs and PWDs qualified to work</p>                                                                                                                                                                                                  |             |                   | Employment Facilitation Section        |
| 5.Wait the call of Jolibee Group of Companies Restaurant Managers as to the schedule of orientation and start of work.                                               | <p>PESO to notify the qualified SCs and PWDs</p> <p>And submit to Jolibee Group of Companies main office the list and documents of qualified applicants for deployment</p>                                                                                                                                                                                                                                                                                    |             |                   | Employment Facilitation Section        |
|                                                                                                                                                                      | <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>None</b> | <b>15 minutes</b> |                                        |



# **Public Information Office**

## **External Services**



1. PROVISION OF TARPAULIN DESIGN AND PRINT (WALK-IN AND ONLINE)

Upon request by clients, concerned parties, or their authorized representatives, the Public Information Office (PIO) - Graphic Artists' Section facilitates the creation and coordination of the production of tarpaulins to effectively communicate information for various events, programs, and announcements.

This includes designing, printing, and, if applicable, ensuring the proper placement of tarpaulins in strategic locations. The PIO ensures that all tarpaulin requests adhere to branding guidelines, maintain readability, and effectively convey the intended message to maximize visibility and impact.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Graphic Artists' Section    |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo                                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                        | WHERE TO SECURE                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor <ul style="list-style-type: none"><li>The letter should contain the following details:</li><li>Full name of requestee</li><li>Contact details<ul style="list-style-type: none"><li>Telephone or mobile number; and/or</li><li>Email address</li></ul></li><li>Event profile / information about the event or activity</li></ul> | Client                                                                                            |
| 2. Document/s establishing identification such as printed or photocopied copy of at least one (1) ID card of the requesting individual, party, or representative, as follows:                                                                                                                                                                                                    | Client                                                                                            |
| Philippine Identification (PhilID) or National ID                                                                                                                                                                                                                                                                                                                                | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"><li>PWD ID</li></ul>                                                                                                                                                                                                                                                                                                                           | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"><li>Solo Parent ID</li></ul>                                                                                                                                                                                                                                                                                                                   | CSWDO                                                                                             |
| <ul style="list-style-type: none"><li>Senior Citizen's ID</li></ul>                                                                                                                                                                                                                                                                                                              | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"><li>Company / Office ID</li></ul>                                                                                                                                                                                                                                                                                                              | Requesting party's company / office                                                               |
| <ul style="list-style-type: none"><li>School ID</li></ul>                                                                                                                                                                                                                                                                                                                        | Requesting party's school                                                                         |
| <ul style="list-style-type: none"><li>Postal ID</li></ul>                                                                                                                                                                                                                                                                                                                        | PhilPost                                                                                          |
| <ul style="list-style-type: none"><li>Barangay ID</li></ul>                                                                                                                                                                                                                                                                                                                      | Barangay where the requesting party resides                                                       |

| CHECKLIST OF REQUIREMENTS                                                                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Police Clearance / Police Clearance Certificate</li> </ul>                         | Philippine National Police                                   |
| <ul style="list-style-type: none"> <li>NBI Clearance</li> </ul>                                                           | National Bureau of Investigation                             |
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                            | AGENCY ACTION                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| <b>WALK-IN</b>                                                          |                                                                                                                       |                 |                 |                                                           |
| 1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                         | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving)     |
|                                                                         | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database. | None            | 5 minutes       | PIO - Action Officer (Administrative Section - Receiving) |
|                                                                         | 1.3 Forwards the request to the Graphic Artists' Section for verification of the requirements and details             | None            | 5 minutes       | Action Officer (Graphic Artists' Section)                 |
|                                                                         | 1.3.1 Incomplete - Inform the requesting party of any deficiency                                                      |                 |                 |                                                           |

| CLIENT STEPS                                             | AGENCY ACTION                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME                                            | PERSON RESPONSIBLE                                                                                                 |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                          | 1.4 Once verified, the Graphic Artists' Section will formulate a design which will be approved* by the Department Head or Section Head.                                          | None            | Half-day for simple design<br><br>1 day for complex design | Action Officer (Graphic Artists' Section)                                                                          |
|                                                          | 1.5 Once approved, email the finished design to the contractor (printing store) for production**.                                                                                | None            | 5 minutes                                                  | Action Officer (Graphic Artists' Section)                                                                          |
|                                                          | 1.6 Upon production and printing, the client will be informed that the tarpaulin is ready for pick-up                                                                            | None            | 5 minutes                                                  | Action Officer (Graphic Artists' Section)                                                                          |
| 2. Pick-up the tarpaulin/s at the PIO                    | 2.1. Once the client receives the tarpaulin/s, he/she needs to fill-in the PIO Receiving Form                                                                                    | None            | 5 minutes                                                  | Action Officer (Graphic Artists' Section or Administrative Section)                                                |
| <b>ONLINE (EMAIL)</b>                                    |                                                                                                                                                                                  |                 |                                                            |                                                                                                                    |
| 1. Submit an email request to antipolocity gov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number | None            | 5 minutes                                                  | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                          | 1.2. The PIO Admin. Section (Email) will acknowledge the email and send the reference number should the client wants to follow-up the status of their request                    | None            | 5 minutes                                                  | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                          | 1.3. Same steps for Walk-in 1.2 onwards.                                                                                                                                         | None            | Same for Walk-in 1.2 onwards                               | Same for Walk-in 1.2 onwards                                                                                       |
| <b>TOTAL</b>                                             |                                                                                                                                                                                  | <b>None</b>     | <b>1 day and 30 minutes***</b>                             |                                                                                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The production speed may vary depending on the quantity of the requested tarpaulins.

\*\*\*The total processing time for both the walk-in and online are the same.



2. PROVISION OF LAYOUT DESIGN (WALK-IN AND ONLINE)

Upon request by clients, the Public Information Office (PIO) - Graphic Artists' Section facilitates the creation of layout and design requests for various visual materials, including tarpaulins, certificates, art cards, and other printed or digital graphics.

The PIO ensures that all designs align with branding guidelines, readability standards, and the intended message to effectively communicate information. Through creative and visually engaging layouts, the office supports events, programs, and announcements, enhancing their overall impact and visibility.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Graphic Artists' Section    |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo                                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                               | WHERE TO SECURE                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor <ul style="list-style-type: none"><li>The letter should contain the following details:<ul style="list-style-type: none"><li>Full name of requestee</li><li>Contact details<ul style="list-style-type: none"><li>Telephone or mobile number; and/or</li><li>Email address</li></ul></li><li>Event profile / information about the event or activity</li></ul></li></ul> | Client                                                                                            |
| 2. Document/s establishing identification such as printed or photocopied copy of at least one (1) ID card of the requesting individual, party, or representative, as follows:                                                                                                                                                                                                                                           | Client                                                                                            |
| <ul style="list-style-type: none"><li>Philippine Identification (PhilID) or National ID</li></ul>                                                                                                                                                                                                                                                                                                                       | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"><li>PWD ID</li></ul>                                                                                                                                                                                                                                                                                                                                                                  | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"><li>Solo Parent ID</li></ul>                                                                                                                                                                                                                                                                                                                                                          | CSWDO                                                                                             |
| <ul style="list-style-type: none"><li>Senior Citizen's ID</li></ul>                                                                                                                                                                                                                                                                                                                                                     | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"><li>Company / Office ID</li></ul>                                                                                                                                                                                                                                                                                                                                                     | Requesting party's company / office                                                               |
| <ul style="list-style-type: none"><li>School ID</li></ul>                                                                                                                                                                                                                                                                                                                                                               | Requesting party's school                                                                         |
| <ul style="list-style-type: none"><li>Postal ID</li></ul>                                                                                                                                                                                                                                                                                                                                                               | PhilPost                                                                                          |
| <ul style="list-style-type: none"><li>Barangay ID</li></ul>                                                                                                                                                                                                                                                                                                                                                             | Barangay where the requesting party resides                                                       |
| <ul style="list-style-type: none"><li>Police Clearance / Police Clearance Certificate</li></ul>                                                                                                                                                                                                                                                                                                                         | Philippine National Police                                                                        |
| <ul style="list-style-type: none"><li>NBI Clearance</li></ul>                                                                                                                                                                                                                                                                                                                                                           | National Bureau of Investigation                                                                  |
| <ul style="list-style-type: none"><li>Driver's License / Temporary Driver's License / Student Driver's Permit</li></ul>                                                                                                                                                                                                                                                                                                 | Land Transportation Office                                                                        |

| CHECKLIST OF REQUIREMENTS                                           | WHERE TO SECURE                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------|
| • Passport                                                          | Department of Foreign Affairs                                |
| • PRC License                                                       | Professional Regulation Commission                           |
| • SSS ID                                                            | Social Security System                                       |
| • GSIS ID (UMID)                                                    | GSIS                                                         |
| • Voter's ID / Voter's Certification                                | Commission on Election                                       |
| • BIR / Taxpayer's ID                                               | Bureau of Internal Revenue                                   |
| • PhilHealth ID                                                     | PhilHealth                                                   |
| • Seaman's Book                                                     | MARINA                                                       |
| • HDMF Transaction Card                                             | HDMF                                                         |
| • Alien Certificate of Registration Identity<br>• Card (ACR I-CARD) | Bureau of Immigration                                        |
| • CSC Eligibility Card                                              | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                            | AGENCY ACTION                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME      | PERSON RESPONSIBLE                                          |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|-------------------------------------------------------------|
| <b>WALK-IN</b>                                                          |                                                                                                                                                                                  |                 |                      |                                                             |
| 1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                                    | None            | 5 minutes            | Office of the City Mayor - Action Officer (Receiving)       |
|                                                                         | 1.2 Once approved by the Office of the City Mayor, receive the document and encode in the database.                                                                              | None            | 5 minutes            | PIO - Action Officer (Receiving) and Administrative Section |
|                                                                         | 1.3 Forward the request to the Graphic Artists' Section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency | none            | 5 minutes            | PIO - Action Officer (Graphic Artists' Section)             |
|                                                                         | 1.4 Once verified, the Graphic Artists' Section will formulate a design which will be approved* by the Department Head or Section Head.                                          | None            | 2 minutes - half-day | PIO - Action Officer (Graphic Artists' Section)             |
| 2. Receive the requested design                                         | 2.1. Upon approval, forward the (email) the finished design to the requesting party and request an                                                                               | None            | 5 minutes            | PIO - Action Officer (Graphic Artists' Section)             |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME                  | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | acknowledgement in the email as proof of receipt.                                                                                                                                |                 |                                  |                                                                                                                    |
| <b>ONLINE (EMAIL)</b>                                   |                                                                                                                                                                                  |                 |                                  |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                         | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                          | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                         | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                          | None            | Same as Walk-in 1.2 onwards      | Same as Walk-in 1.2 onwards                                                                                        |
| <b>TOTAL</b>                                            |                                                                                                                                                                                  | <b>None</b>     | <b>Half-day and 20 minutes**</b> |                                                                                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The total processing time for both the walk-in and online are the same.

3. RESPONSE TO REQUEST FOR EVENT MANAGEMENT SERVICE

The Public Information Office (PIO) - Special Concerns and Events provides logistical and technical assistance to support events organized by the National Government, as well as those hosted by private organizations, entities, departments, and offices. The PIO assists in event planning, coordination, and execution by offering expertise in program flow management and other essential event elements.

Additionally, the office ensures that events align with branding guidelines, maintain effective communication strategies, and achieve their intended impact. Through its event management services, the PIO helps create well-organized and engaging events that effectively deliver key messages to target audiences.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Special Concerns and Events |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo                                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                               | WHERE TO SECURE                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor <ul style="list-style-type: none"><li>The letter should contain the following details:<ul style="list-style-type: none"><li>Full name of requestee</li><li>Contact details<ul style="list-style-type: none"><li>Telephone or mobile number; and/or</li><li>Email address</li></ul></li><li>Event profile / information about the event or activity</li></ul></li></ul> | Client                                                                                            |
| 2. Document/s establishing identification such as printed or photocopied copy of at least one (1) ID card of the requesting individual, party, or representative, as follows:                                                                                                                                                                                                                                           | Client                                                                                            |
| <ul style="list-style-type: none"><li>Philippine Identification (PhilID) or National ID</li></ul>                                                                                                                                                                                                                                                                                                                       | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"><li>PWD ID</li></ul>                                                                                                                                                                                                                                                                                                                                                                  | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"><li>Solo Parent ID</li></ul>                                                                                                                                                                                                                                                                                                                                                          | CSWDO                                                                                             |
| <ul style="list-style-type: none"><li>Senior Citizen's ID</li></ul>                                                                                                                                                                                                                                                                                                                                                     | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"><li>Company / Office ID</li></ul>                                                                                                                                                                                                                                                                                                                                                     | Requesting party's company / office                                                               |
| <ul style="list-style-type: none"><li>School ID</li></ul>                                                                                                                                                                                                                                                                                                                                                               | Requesting party's school                                                                         |
| <ul style="list-style-type: none"><li>Postal ID</li></ul>                                                                                                                                                                                                                                                                                                                                                               | PhilPost                                                                                          |
| <ul style="list-style-type: none"><li>Barangay ID</li></ul>                                                                                                                                                                                                                                                                                                                                                             | Barangay where the requesting party resides                                                       |
| <ul style="list-style-type: none"><li>Police Clearance / Police Clearance Certificate</li></ul>                                                                                                                                                                                                                                                                                                                         | Philippine National Police                                                                        |
| <ul style="list-style-type: none"><li>NBI Clearance</li></ul>                                                                                                                                                                                                                                                                                                                                                           | National Bureau of Investigation                                                                  |

| CHECKLIST OF REQUIREMENTS                                                                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                             | AGENCY ACTION                                                                                                                                                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                          |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------------|
| 1 . Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                                                        | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving)       |
|                                                                          | 1.2 Once approved by the Office of the City Mayor, receive the document and encode in the database.                                                                                                  | None            | 5 minutes       | PIO - Action Officer (Receiving) and Administrative Section |
|                                                                          | 1.3 Forward the request to the Special Concerns and Events Section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency          | none            | 5 minutes       | PIO - Action Officer (Special Concerns and Events Section)  |
|                                                                          | 1.4 Once verified, the Special Concerns and Events Section will coordinate with the client regarding their request and liaise with other concerned offices. The section will also check the official | None            | 1 - 2 days      | PIO - Action Officer (Special Concerns and Events)          |

| CLIENT STEPS               | AGENCY ACTION                                                                                                                                                                                          | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                                 |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|----------------------------------------------------|
|                            | schedule for availability and possible adjustments as needed.                                                                                                                                          |                 |                       |                                                    |
| 2. Coordinate with the PIO | 2.1. Upon approval*, the Special Concerns and Events Section will inform the client regarding the confirmation to manage and to provide logistical assistance (if applicable) to the requesting party. | None            | 5 minutes             | PIO - Action Officer (Special Concerns and Events) |
| TOTAL                      |                                                                                                                                                                                                        | None            | 2 days and 20 minutes |                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

4. REQUEST FOR EVENT COVERAGE

The Public Information Office (PIO) - Photography and Videography Section provides photo and video documentation upon request from private groups, organizations, entities, departments, and offices. This includes full event coverage, from pre-event preparations to post-event highlights, ensuring that key moments are captured professionally.

Through its event coverage services, the PIO helps amplify the reach and impact of events by providing high-quality multimedia outputs for various platforms, including social media, websites, and official reports.

|                       |                                                                       |
|-----------------------|-----------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Photography and Videography Section |
| CLASSIFICATION:       | Simple                                                                |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government         |
| WHO MAY AVAIL:        | Citizens of Antipolo                                                  |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                        | WHERE TO SECURE                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor <ul style="list-style-type: none"><li>The letter should contain the following details:</li><li>Full name of requestee</li><li>Contact details<ul style="list-style-type: none"><li>Telephone or mobile number; and/or</li><li>Email address</li></ul></li><li>Event profile / information about the event or activity</li></ul> | Client                                                                                            |
| 2. Document/s establishing identification such as <b>printed or photocopied copy of at least one (1) ID card</b> of the requesting individual, party, or representative, as follows:                                                                                                                                                                                             | Client                                                                                            |
| <ul style="list-style-type: none"><li>Philippine Identification (PhilID) or National ID</li></ul>                                                                                                                                                                                                                                                                                | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"><li>PWD ID</li></ul>                                                                                                                                                                                                                                                                                                                           | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"><li>Solo Parent ID</li></ul>                                                                                                                                                                                                                                                                                                                   | CSWDO                                                                                             |
| <ul style="list-style-type: none"><li>Senior Citizen's ID</li></ul>                                                                                                                                                                                                                                                                                                              | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"><li>Company / Office ID</li></ul>                                                                                                                                                                                                                                                                                                              | Requesting party's company / office                                                               |
| <ul style="list-style-type: none"><li>School ID</li></ul>                                                                                                                                                                                                                                                                                                                        | Requesting party's school                                                                         |
| <ul style="list-style-type: none"><li>Postal ID</li></ul>                                                                                                                                                                                                                                                                                                                        | PhilPost                                                                                          |
| <ul style="list-style-type: none"><li>Barangay ID</li></ul>                                                                                                                                                                                                                                                                                                                      | Barangay where the requesting party resides                                                       |
| <ul style="list-style-type: none"><li>Police Clearance / Police Clearance Certificate</li></ul>                                                                                                                                                                                                                                                                                  | Philippine National Police                                                                        |
| <ul style="list-style-type: none"><li>NBI Clearance</li></ul>                                                                                                                                                                                                                                                                                                                    | National Bureau of Investigation                                                                  |
| <ul style="list-style-type: none"><li>Driver's License / Temporary Driver's License / Student Driver's Permit</li></ul>                                                                                                                                                                                                                                                          | Land Transportation Office                                                                        |
| <ul style="list-style-type: none"><li>Passport</li></ul>                                                                                                                                                                                                                                                                                                                         | Department of Foreign Affairs                                                                     |

| CHECKLIST OF REQUIREMENTS                                      | WHERE TO SECURE                                              |
|----------------------------------------------------------------|--------------------------------------------------------------|
| • PRC License                                                  | Professional Regulation Commission                           |
| • SSS ID                                                       | Social Security System                                       |
| • GSIS ID (UMID)                                               | GSIS                                                         |
| • Voter's ID / Voter's Certification                           | Commission on Election                                       |
| • BIR / Taxpayer's ID                                          | Bureau of Internal Revenue                                   |
| • PhilHealth ID                                                | PhilHealth                                                   |
| • Seaman's Book                                                | MARINA                                                       |
| • HDMF Transaction Card                                        | HDMF                                                         |
| • Alien Certificate of Registration Identity Card (ACR I-CARD) | Bureau of Immigration                                        |
| • CSC Eligibility Card                                         | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                            | AGENCY ACTION                                                                                                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| 1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements.                                                                                                                                                                                                              | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving)     |
|                                                                         | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database.                                                                                                                                                                       | None            | 5 minutes       | PIO - Action Officer (Administrative Section - Receiving) |
|                                                                         | 1.3 Forward the request to the Photography and Video Section for verification of details<br><br>1.3.1 Incomplete Details - The section will inform the requesting party of any deficiency<br><br>1.3.2. Schedule Conflict – The PIO will inform the client about available schedule options | none            | 5 minutes       | Action Officer (Photography and Videography Section)      |
|                                                                         | 1.4 Once verified and approved*, the Photo and Video Section will coordinate with the                                                                                                                                                                                                       | None            | 1 - 2 days      | Action Officer (Photography and Videography Section)      |



| CLIENT STEPS | AGENCY ACTION                                                                                          | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE |
|--------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------------------|--------------------|
|              | client regarding their request and assign a photographer and/or videographer (whichever is applicable) |                 |                       |                    |
| TOTAL        |                                                                                                        | None            | 2 days and 15 minutes |                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

5. REQUEST FOR HOSTING SERVICE

The Public Information Office (PIO) - Special Concerns and Events provides professional hosting services for events upon request from private groups, organizations, entities, departments, and offices. The PIO ensures that events are conducted smoothly and engagingly by delivering well-prepared, dynamic, and interactive hosting.

Hosts assigned by the PIO facilitate program flow, engage with audiences, and maintain the energy and professionalism required for various events, such as ceremonies, conferences, cultural programs, and official gatherings. Additionally, the PIO coordinates with event organizers to align hosting scripts and program segments with the event’s objectives and messaging.

Through its hosting services, the PIO contributes to the success of events by ensuring effective communication, seamless transitions, and an engaging experience for attendees.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Special Concerns and Events |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo                                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                        | WHERE TO SECURE                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor <ul style="list-style-type: none"><li>The letter should contain the following details:</li><li>Full name of requestee</li><li>Contact details<ul style="list-style-type: none"><li>Telephone or mobile number; and/or</li><li>Email address</li></ul></li><li>Event profile / information about the event or activity</li></ul> | Client                                                                                            |
| 2. Document/s establishing identification such as printed or photocopied copy of at least one (1) ID card of the requesting individual, party, or representative, as follows:                                                                                                                                                                                                    | Client                                                                                            |
| <ul style="list-style-type: none"><li>Philippine Identification (PhilID) or National ID</li></ul>                                                                                                                                                                                                                                                                                | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"><li>PWD ID</li></ul>                                                                                                                                                                                                                                                                                                                           | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"><li>Solo Parent ID</li></ul>                                                                                                                                                                                                                                                                                                                   | CSWDO                                                                                             |
| <ul style="list-style-type: none"><li>Senior Citizen’s ID</li></ul>                                                                                                                                                                                                                                                                                                              | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"><li>Company / Office ID</li></ul>                                                                                                                                                                                                                                                                                                              | Requesting party’s company / office                                                               |
| <ul style="list-style-type: none"><li>School ID</li></ul>                                                                                                                                                                                                                                                                                                                        | Requesting party’s school                                                                         |
| <ul style="list-style-type: none"><li>Postal ID</li></ul>                                                                                                                                                                                                                                                                                                                        | PhilPost                                                                                          |
| <ul style="list-style-type: none"><li>Barangay ID</li></ul>                                                                                                                                                                                                                                                                                                                      | Barangay where the requesting party resides                                                       |

| CHECKLIST OF REQUIREMENTS                                                                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Police Clearance / Police Clearance Certificate</li> </ul>                         | Philippine National Police                                   |
| <ul style="list-style-type: none"> <li>NBI Clearance</li> </ul>                                                           | National Bureau of Investigation                             |
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                            | AGENCY ACTION                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| 1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                         | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving)     |
|                                                                         | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database. | None            | 5 minutes       | PIO - Action Officer (Administrative Section - Receiving) |
|                                                                         | 1.3 Forward the request to the Special Concerns and Events Section for verification of the requirements and details   | none            | 5 minutes       | Action Officer (Special Concerns and Events Section)      |
|                                                                         | 1.3.1 Incomplete - Inform the requesting party of any deficiency                                                      |                 |                 |                                                           |
|                                                                         | 1.4 Once verified, the Special Concerns and Events Section will coordinate with the client regarding their            | None            | 1 - 2 days      | Action Officer (Special Concerns and Events)              |

| CLIENT STEPS               | AGENCY ACTION                                                                                                                                                                                                                                            | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                           |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|----------------------------------------------|
|                            | request and liaise with other concerned offices. The section will also check the official schedule for availability and possible adjustments as needed.<br><br>1.4.1 Schedule Conflict – The PIO will inform the client about available schedule options |                 |                       |                                              |
| 2. Coordinate with the PIO | 2.1. Upon approval, the Special Concerns and Events Section will inform the client of the confirmation and provide the designated host(s) for the event, along with the finalized schedule.                                                              | None            | 5 minutes             | Action Officer (Special Concerns and Events) |
| TOTAL                      |                                                                                                                                                                                                                                                          | None            | 2 days and 20 minutes |                                              |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

6. REQUEST FOR ENDORSEMENT LETTER

This service is available to walk-in clients or those submitting requests via email or formal letters. The Public Information Office (PIO) - Administrative Section facilitates the issuance of endorsement letters addressed to partner government agencies, such as the Philippine Charity Sweepstakes Office (PCSO), the Senate, the Office of the Vice President (OVP), and other relevant institutions.

Endorsement letters may be requested for various purposes, including employment applications, financial assistance, and medical or hospitalization cost support. The PIO ensures that all requests are processed efficiently and in accordance with the necessary guidelines to assist individuals in accessing the support they need.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section      |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo                                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WHERE TO SECURE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <div>1. Letter of Request addressed to the City Mayor</div> <div>1.1 The letter should contain the following details:</div> <div>1.1.1.Full name of requestee</div> <div>1.1.2. Address</div> <div>1.1.3. Contact details</div> <div>1.1.3.1. Telephone or mobile number</div> <div>1.1.3.2. Email address</div> <div>1.2 For job recommendation / endorsement</div> <div>1.2.1. Name of organization or company where the client wants to apply</div> <div>1.3 For medical / financial assistance</div> <div>1.3.1. Name of national government agencies, hospitals, government offices where clients want to be endorsed.</div> <div>1.4 For general endorsement of request</div> <div>1.4.1. Name of individual, representative, organization, or company the client wants their request to be endorsed.</div> | Client          |
| <div>2. Document/s establishing identification such as <b>printed or photocopied copy of at least one (1) ID card</b> of the requesting individual, party, or representative, as follows:</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Client          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                        | WHERE TO SECURE                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Philippine Identification (PhilID) or</li> <li>National ID</li> </ul>                                                     | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"> <li>PWD ID</li> </ul>                                                                                                         | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"> <li>Solo Parent ID</li> </ul>                                                                                                 | CSWDO                                                                                             |
| <ul style="list-style-type: none"> <li>Senior Citizen's ID</li> </ul>                                                                                            | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"> <li>Company / Office ID</li> </ul>                                                                                            | Requesting party's company / office                                                               |
| <ul style="list-style-type: none"> <li>School ID</li> </ul>                                                                                                      | Requesting party's school                                                                         |
| <ul style="list-style-type: none"> <li>Postal ID</li> </ul>                                                                                                      | PhilPost                                                                                          |
| <ul style="list-style-type: none"> <li>Barangay ID</li> </ul>                                                                                                    | Barangay where the requesting party resides                                                       |
| <ul style="list-style-type: none"> <li>Police Clearance / Police Clearance Certificate</li> </ul>                                                                | Philippine National Police                                                                        |
| <ul style="list-style-type: none"> <li>NBI Clearance</li> </ul>                                                                                                  | National Bureau of Investigation                                                                  |
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul>                                        | Land Transportation Office                                                                        |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                                                       | Department of Foreign Affairs                                                                     |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                                                                    | Professional Regulation Commission                                                                |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                                                         | Social Security System                                                                            |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                                                                 | GSIS                                                                                              |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                                                             | Commission on Election                                                                            |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                                                            | Bureau of Internal Revenue                                                                        |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                                                                  | PhilHealth                                                                                        |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                                                                  | MARINA                                                                                            |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                                                          | HDMF                                                                                              |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>                                                   | Bureau of Immigration                                                                             |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                                                           | CSC Regional Office where the requesting party took the exam                                      |
| <b>FOR MEDICAL / FINANCIAL ASSISTANCE</b>                                                                                                                        |                                                                                                   |
| <ul style="list-style-type: none"> <li>Photocopy of Medical Certificate / Abstract and/or Statement of Account / Hospital Bill</li> </ul>                        | Hospital where the client is admitted / was examined                                              |
| <ul style="list-style-type: none"> <li>Photocopy of Barangay Indigency (if applicable) <ul style="list-style-type: none"> <li>applicable)</li> </ul> </li> </ul> | Barangay where the resident reside                                                                |
| <ul style="list-style-type: none"> <li>Photocopy of Social Case Study (if applicable)</li> </ul>                                                                 | CSWDO                                                                                             |
| <b>FOR JOB RECOMMENDATION / ENDORSEMENT</b>                                                                                                                      |                                                                                                   |
| <ul style="list-style-type: none"> <li>Resume / CV / Personal Data Sheet (PDS)</li> </ul>                                                                        | Client                                                                                            |

| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------|---------------|-----------------|-----------------|--------------------|
| WALK-IN      |               |                 |                 |                    |

| CLIENT STEPS                                                            | AGENCY ACTION                                                                                                                                                            | FEES TO BE PAID | PROCESSING TIME      | PERSON RESPONSIBLE                                                           |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|------------------------------------------------------------------------------|
| 1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements and attachment of a Document Tracking Form (DTF)                                           | None            | 5 minutes            | Office of the City Mayor - Action Officer (Receiving)                        |
|                                                                         | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database.                                                    | None            | 5 minutes            | PIO - Action Officer (Administrative Section - Receiving)                    |
|                                                                         | 1.3 Forward the request to the Administrative Section for verification of the requirements and details<br><br>Incomplete - Inform the requesting party of any deficiency | None            | 5 minutes            | Action Officer (Administrative Section)                                      |
|                                                                         | 1.4 Once verified, the Admin. Section will prepare the endorsement letter for the initials* of the department head / section head / or any alternative in-charge person. | None            | 5 minutes            | Action Officer (Special Concerns and Events)                                 |
|                                                                         | 1.5. Forwards the endorsement letter/s to the Office of the City Administrator for initials                                                                              |                 | 5 minutes - half-day | Action Office (Office of the City Administrator - Receiving and City Admin.) |
|                                                                         | 1.6. Forwards the endorsement letter/s to the Office of the City Mayor for signature*.                                                                                   |                 | Half-day - 1 day     | Action Office (Office of the City Mayor - Receiving and City Mayor)          |

|  |                                                                                                               |      |           |                                               |
|--|---------------------------------------------------------------------------------------------------------------|------|-----------|-----------------------------------------------|
|  |                                                                                                               |      |           |                                               |
|  | 1.7. Once signed, receive the endorsement letter/s and inform the client that the letter is ready for pickup. | None | 5 minutes | PIO - Action Officer (Administrative Section) |

| CLIENT STEPS                                         | AGENCY ACTION                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME                     | PERSON RESPONSIBLE                                                                                                 |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 2. Pickup                                            | 2.1. Once the client receives the endorsement letter/s he/she needs to fill-in the PIO Receiving Form                                                                            | None            | 5 minutes                           | PIO - Action Officer (Administrative Section)                                                                      |
| <b>ONLINE (EMAIL)</b>                                |                                                                                                                                                                                  |                 |                                     |                                                                                                                    |
| Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number | None            | 5 minutes                           | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                      | 1.2. The PIO Admin. Section (Email) will acknowledge the email and send the reference number should the client wants to follow-up the status of their request                    | None            | 5 minutes                           | Action Officer (Administrative Section - Email)                                                                    |
|                                                      | <b>1.3. Same steps for Walk-in 1.2 onwards.</b>                                                                                                                                  | None            | <b>Same for Walk-in 1.2 onwards</b> | <b>Same for Walk- in 1.2 onwards</b>                                                                               |
| <b>TOTAL</b>                                         |                                                                                                                                                                                  | <b>None</b>     | <b>1 day and a half**</b>           |                                                                                                                    |

\*The total initial and signature time may vary on the availability of the in-charge, as well as the time the document was forwarded to and received by the PIO / Office of the City Administrator / Office of the City Mayor.

\*\*The total processing time for both the walk-in and online are the same.



7. PROVISION OF PHOTO AND VIDEO DOCUMENTATION FOR KASALANG BAYAN, CIVIL WEDDING, AND BINYAGANG BAYAN

The "Kasalang Bayan", "Civil Wedding", and "Binyagang Bayan" are special programs of the City Government designed to assist individuals and families in formalizing important life events through official ceremonies. These initiatives aim to provide legal and spiritual recognition to couples and children who may face financial constraints in arranging private ceremonies.

- Kasalang Bayan – A mass wedding ceremony for cohabiting couples who wish to be legally married. This program helps couples formalize their union with the support of the local government.
- Civil Wedding – A simple, legal marriage ceremony officiated by a government official, providing an affordable and accessible option for couples seeking a lawful marriage.
- Binyagang Bayan – A community baptism event offering free religious baptism services for children, ensuring their spiritual initiation within the faith.

As part of these services, the City Government, through the Public Information Office, provides free photo and video documentation of the ceremonies. Participants will receive a copy of the recorded event, including professionally captured photos and videos to commemorate these special milestones.

|                       |                                                                       |
|-----------------------|-----------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Photography and Videography Section |
| CLASSIFICATION:       | Simple                                                                |
| TYPES OF TRANSACTION: | G2C - Government to Citizen                                           |
| WHO MAY AVAIL:        | Citizens of Antipolo                                                  |

| CHECKLIST OF REQUIREMENTS                     | WHERE TO SECURE             |
|-----------------------------------------------|-----------------------------|
| 1. PIO claim stub of photo and video coverage | Local Civil Registrar (LCR) |

| CLIENT STEPS                                                                                           | AGENCY ACTION                                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                   |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------------------------------------------|
| 1 . Submit the claim stub to the Public Information Office (PIO) - Photography and Videography Section | 1.1. Receive and validate the claim stub                                                                                                                          | None            | 1 minutes       | Action Officer (Photography and Videography Section) |
|                                                                                                        | 1.2 Ask the client to fill- in the PIO claim form which includes:<br><br>1.2.1 Full name<br>1.2.2. Address<br>1.2.3. Cont act details<br>1.2.4. Facebook or email | None            | 2 minutes       | Action Officer (Photography and Videography Section) |

| CLIENT STEPS                    | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                             | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE                                   |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------------------------------------------|
|                                 | 1.3. Check and search the database for the requested** photos and video of the newly-wed                                                                                                                                                                                                                                                                                                                                                  | None            | 2 minutes         | Action Officer (Photography and Videography Section) |
|                                 | 1.4. Transfer or burn the photos and videos to an available electronic device, to wit: <ul style="list-style-type: none"> <li>• Compact Disk</li> <li>• Flash Drive</li> <li>• Mobile/ Smartphone</li> <li>• Tablet</li> <li>• Laptop</li> </ul> 1.4.1. If none of the above storage devices are available, provide the client with a Google Drive link and inform them that all materials can be accessed and downloaded from the drive. | None            | 5 minutes         | Action Officer (Photography and Videography Section) |
| 2. Receive the photos and video | 1.5. Release the requested photos/video to the newlywed.                                                                                                                                                                                                                                                                                                                                                                                  | None            | 2 minutes         | Action Officer (Photography and Videography Section) |
| <b>TOTAL</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>None</b>     | <b>12 minutes</b> |                                                      |

\*The release of both photos and videos is subject to the Local Civil Registrar’s (LCR) issuance of the marriage certificate, which may take at least one month.

8. PROVISION OF INFORMATION MATERIALS (WALK-IN AND ONLINE)

The Public Information Office (PIO) provides clients with essential information materials, both in-person and online, to support their research and informational needs. These materials include news clippings, photo releases, articles, periodicals, magazines, reports, brochures, and event schedules. Clients may access these resources for academic, professional, or personal research purposes. The PIO ensures that the information provided is accurate, up- to-date, and relevant to their inquiries.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section      |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies                     |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                   | WHERE TO SECURE                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor <ul style="list-style-type: none"><li>The letter should contain the following details:</li><li>Full name of requestee</li><li>Contact details<ul style="list-style-type: none"><li>Telephone or mobile number; and/or</li><li>Email address</li></ul></li><li>Purpose of the requested materials</li></ul> | Client                                                                                            |
| 2. Document/s establishing identification such as printed or photocopied copy of at least one (1) ID card of the requesting individual, party, or representative, as follows:                                                                                                                                                                               | Client                                                                                            |
| <ul style="list-style-type: none"><li>Philippine Identification (PhilID) or</li><li>National ID</li></ul>                                                                                                                                                                                                                                                   | Philippine Statistics Office (PSA)                                                                |
| <ul style="list-style-type: none"><li>PWD ID</li></ul>                                                                                                                                                                                                                                                                                                      | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"><li>Solo Parent ID</li></ul>                                                                                                                                                                                                                                                                                              | CSWDO                                                                                             |
| <ul style="list-style-type: none"><li>Senior Citizen's ID</li></ul>                                                                                                                                                                                                                                                                                         | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| <ul style="list-style-type: none"><li>Company / Office ID</li></ul>                                                                                                                                                                                                                                                                                         | Requesting party's company / office                                                               |
| <ul style="list-style-type: none"><li>School ID</li></ul>                                                                                                                                                                                                                                                                                                   | Requesting party's school                                                                         |
| <ul style="list-style-type: none"><li>Postal ID</li></ul>                                                                                                                                                                                                                                                                                                   | PhilPost                                                                                          |
| <ul style="list-style-type: none"><li>Barangay ID</li></ul>                                                                                                                                                                                                                                                                                                 | Barangay where the requesting party resides                                                       |
| <ul style="list-style-type: none"><li>Police Clearance / Police Clearance Certificate</li></ul>                                                                                                                                                                                                                                                             | Philippine National Police                                                                        |
| <ul style="list-style-type: none"><li>NBI Clearance</li></ul>                                                                                                                                                                                                                                                                                               | National Bureau of Investigation                                                                  |
| <ul style="list-style-type: none"><li>Driver's License / Temporary Driver's License / Student Driver's Permit</li></ul>                                                                                                                                                                                                                                     | Land Transportation Office                                                                        |
| <ul style="list-style-type: none"><li>Passport</li></ul>                                                                                                                                                                                                                                                                                                    | Department of Foreign Affairs                                                                     |
| <ul style="list-style-type: none"><li>PRC License</li></ul>                                                                                                                                                                                                                                                                                                 | Professional Regulation Commission                                                                |
| <ul style="list-style-type: none"><li>SSS ID</li></ul>                                                                                                                                                                                                                                                                                                      | Social Security System                                                                            |

| CHECKLIST OF REQUIREMENTS                                      | WHERE TO SECURE                                              |
|----------------------------------------------------------------|--------------------------------------------------------------|
| • GSIS ID (UMID)                                               | GSIS                                                         |
| • Voter's ID / Voter's Certification                           | Commission on Election                                       |
| • BIR / Taxpayer's ID                                          | Bureau of Internal Revenue                                   |
| • PhilHealth ID                                                | PhilHealth                                                   |
| • Seaman's Book                                                | MARINA                                                       |
| • HDMF Transaction Card                                        | HDMF                                                         |
| • Alien Certificate of Registration Identity Card (ACR I-CARD) | Bureau of Immigration                                        |
| • CSC Eligibility Card                                         | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                            | AGENCY ACTION                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| <b>WALK-IN</b>                                                          |                                                                                                                                                                                                             |                 |                 |                                                           |
| 1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                                                               | None            | 5 minutes       | Action Officer (Office of the City Mayor - Receiving)     |
|                                                                         | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database.                                                                                       | None            | 5 minutes       | Action Officer (PIO - Administrative Section - Receiving) |
|                                                                         | 1.3 Forward the request to the Administrative Section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency                              | none            | 2 minutes       | Action Officer (PIO - Administrative Section)             |
|                                                                         | 1.4 Once verified and approved*, the Administrative Section provides the client with the necessary information** they have requested.<br><br>1.4.1. Information Not Available at the PIO – If the requested | None            | 5 - 10 minutes  | Action Officer (PIO - Administrative Section)             |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                                                          | FEES TO BE PAID | PROCESSING TIME             | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | information is not available at the PIO, the client will be informed accordingly. If the information is available in another office, the PIO will endorse the client to the appropriate office for further assistance. |                 |                             |                                                                                                                    |
| 2. Receive the requested information materials          | 2.1. Once the client receives the endorsement letter/s he/she needs to fill-in the PIO Receiving Form                                                                                                                  | None            | 2 minutes                   | Action Officer (PIO - Administrative Section)                                                                      |
| <b>ONLINE (EMAIL)***</b>                                |                                                                                                                                                                                                                        |                 |                             |                                                                                                                    |
| 2. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number.                                      | None            | 5 minutes                   | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                         | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                                                                | None            | 5 minutes                   | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                         | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                                                                | None            | Same as Walk-in 1.2 onwards | Same as Walk-in 1.2 onwards                                                                                        |
| <b>TOTAL</b>                                            |                                                                                                                                                                                                                        | <b>None</b>     | <b>24 minutes***</b>        |                                                                                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for both the walk-in and online are the same.

9. RESPONSE TO REQUEST OF MEDIA ASSISTANCE (WALK-IN AND ONLINE)

The Public Information Office (PIO) provides support to media networks, including television stations, radio broadcasters, and publication groups, by supplying relevant information materials and logistical assistance. The PIO ensures timely and accurate dissemination of information to facilitate effective media reporting.

This support may include press releases, background information, official statements, multimedia resources, coordination for interviews or media coverage, and production / film shooting permit.

|                       |                                                                                               |
|-----------------------|-----------------------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section                                      |
| CLASSIFICATION:       | Complex                                                                                       |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government<br>G2B - Government to Business |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies, Businesses (Media Network)                         |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                     | WHERE TO SECURE                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor<br>1.1 The letter should contain the following details:<br>1.1.1. Full name of requestee<br>1.1.1.1. Contact details<br>1.1.1.2. Telephone or mobile number; and/or<br>1.1.1.3. Email address<br>1.1.2.Event / activity profile<br>1.1.3. Purposed for the requested information/ assistance | Client                                                                                            |
| 2. Document/s establishing identification such as <b>printed or photocopied copy of at least one (1) ID card</b> of the requesting individual, party, or representative, as follows:                                                                                                                                                          | Client                                                                                            |
| • Philippine Identification (PhilID) or National ID                                                                                                                                                                                                                                                                                           | Philippine Statistics Office (PSA)                                                                |
| • PWD ID                                                                                                                                                                                                                                                                                                                                      | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| • Solo Parent ID                                                                                                                                                                                                                                                                                                                              | CSWDO                                                                                             |
| • Senior Citizen's ID                                                                                                                                                                                                                                                                                                                         | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| • Company / Office ID                                                                                                                                                                                                                                                                                                                         | Requesting party's company / office                                                               |
| • School ID                                                                                                                                                                                                                                                                                                                                   | Requesting party's school                                                                         |
| • Postal ID                                                                                                                                                                                                                                                                                                                                   | PhilPost                                                                                          |
| • Barangay ID                                                                                                                                                                                                                                                                                                                                 | Barangay where the requesting party resides                                                       |

| CHECKLIST OF REQUIREMENTS                                                                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Police Clearance / Police Clearance Certificate</li> </ul>                         | Philippine National Police                                   |
| <ul style="list-style-type: none"> <li>NBI Clearance</li> </ul>                                                           | National Bureau of Investigation                             |
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                             | AGENCY ACTION                                                                                                                | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                                        |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------------------------------------------------|
| <b>WALK-IN</b>                                                           |                                                                                                                              |                 |                       |                                                           |
| 1 . Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                                | None            | 5 minutes             | Action Officer (Office of the City Mayor - Receiving)     |
|                                                                          | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database.        | None            | 5 minutes             | Action Officer (PIO - Administrative Section - Receiving) |
|                                                                          | 1.3 Forward the request to the Administrative Section for verification of the requirements and details as well as approval*. | none            | 20 minutes - half-day | Action Officer (PIO - Administrative Section)             |
|                                                                          | 1.3.1 Incomplete - Inform the requesting party of any deficiency                                                             |                 |                       |                                                           |
| <b>A. FOR INFORMATION, STATEMENTS, PRESS RELEASE</b>                     |                                                                                                                              |                 |                       |                                                           |

| CLIENT STEPS                                                     | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FEES TO BE PAID                       | PROCESSING TIME | PERSON RESPONSIBLE                                |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|---------------------------------------------------|
|                                                                  | <p>1.4 Once verified and approved, the Administrative Section provides the client with the necessary information** they have requested.</p> <p>1.4.1. Information Not Available at the PIO – If the requested information is not available at the PIO, the client will be informed accordingly. If the information is available in another office, the PIO will endorse the client to the appropriate office for further assistance.</p> <p>1.4.2. Assistance – If the client requires physical assistance at the office, the PIO will accompany the media as needed.</p> | None                                  | 10 minutes      | Action Officer (PIO - Administrative Section)     |
| 2. Receive the requested information or other form of assistance | 2.1. Once the client receives the requested information, the PIO will request the client to fill in the receiving form.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | None                                  | 2 minutes       | Action Officer (PIO - Administrative Section)     |
| <b>Continued from Client Step No. 1</b>                          | <b>B. FOR PRODUCTION / FILM SHOOTING PERMIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                 |                                                   |
|                                                                  | <p><b>Continued from Agency Step 1.3.</b></p> <p>1.4. Once verified and approved*, the Administrative Section will forward and endorse it, along with the client, to the Office of the City</p>                                                                                                                                                                                                                                                                                                                                                                           | Based on the Film Shooting Matrix *** |                 | Action Officer (Office of the City Administrator) |



| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                     | FEES TO BE PAID                          | PROCESSING TIME                        | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | Administrator for further processing. The client will then be issued an Order of Payment.                                                                                         |                                          |                                        |                                                                                                                    |
| 2. Payment of Film Shooting Permit                      | 2.1. The client must settle the Order of Payment at the Office of the City Treasurer.                                                                                             | Based on the Film Shooting Matrix<br>*** | 5 - 10 minutes                         | Action Officer (Office of the City Treasurer)                                                                      |
|                                                         | 2.2. After payment is confirmed, the Office of the City Administrator will proceed with the preparation of the permit.                                                            | None                                     | 5 minutes                              | Action Officer (Office of the City Administrator)                                                                  |
| 3. Claiming the Permit                                  | 3.1. Upon claiming the permit, the client will be required to sign a receiving copy as proof of acknowledgment.                                                                   | None                                     | 2 minutes                              | Action Officer (Office of the City Administrator)                                                                  |
| <b>ONLINE (EMAIL)***</b>                                |                                                                                                                                                                                   |                                          |                                        |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number. | None                                     | 5 minutes                              | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                         | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                           | None                                     | 5 minutes                              | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                         | 1.3. Same steps as Walk-in 1.2 onwards for both A. and B. requests.                                                                                                               | None                                     | Same as Walk-in 1.2 onwards            | Same as Walk-in 1.2 onwards                                                                                        |
| <b>TOTAL</b>                                            |                                                                                                                                                                                   | Based on the Film Shooting Matrix****    | <b>Half-day and 14 minutes</b><br>**** |                                                                                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total payment fee will be determined based on the number of shooting days and the type of shooting subject, as outlined in the Film Shooting Matrix.

\*\*\*\*The total processing time for both the walk-in and online are the same.

9. HANDLING OF INQUIRIES (WALK-IN, ONLINE, AND PHONE)

The Public Information Office (PIO) accommodates inquiries from the public through various channels, including walk-in visits, online platforms (email and social media), and phone calls. It provides accurate and timely responses to questions regarding government programs, services, events, and other relevant matters. The PIO ensures that all inquiries are addressed professionally and efficiently, promoting transparency and effective communication with the public.

|                       |                                                                                                  |
|-----------------------|--------------------------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section and Special Concerns and Events Section |
| CLASSIFICATION:       | Simple - Complex                                                                                 |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2B - Government to Businesses<br>G2G - Government to Government  |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies                                                        |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                      | WHERE TO SECURE                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| FOR SIMPLE INQUIRIES                                                                                                                                                                                                                           |                                                                                                   |
| None                                                                                                                                                                                                                                           | n/a                                                                                               |
| FOR COMPLEX INQUIRIES                                                                                                                                                                                                                          |                                                                                                   |
| 1. Letter of Request addressed to the City Mayor<br>1.1 The letter should contain the following details:<br>1.1.1. Full name of requestee<br>1.1.1.1. Contact details<br>1.1.1.2. Telephone or mobile number; and/or<br>1.1.1.3. Email address | Client                                                                                            |
| 2. Document/s establishing identification such as <b>printed or photocopied copy of at least one (1) ID card</b> of the requesting individual, party, or representative, as follows:                                                           | Client                                                                                            |
| • Philippine Identification (PhilID) or National ID                                                                                                                                                                                            | Philippine Statistics Office (PSA)                                                                |
| • PWD ID                                                                                                                                                                                                                                       | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| • Solo Parent ID                                                                                                                                                                                                                               | CSWDO                                                                                             |
| • Senior Citizen's ID                                                                                                                                                                                                                          | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| • Company / Office ID                                                                                                                                                                                                                          | Requesting party's company / office                                                               |
| • School ID                                                                                                                                                                                                                                    | Requesting party's school                                                                         |
| • Postal ID                                                                                                                                                                                                                                    | PhilPost                                                                                          |
| • Barangay ID                                                                                                                                                                                                                                  | Barangay where the requesting party resides                                                       |
| • Police Clearance / Police Clearance Certificate                                                                                                                                                                                              | Philippine National Police                                                                        |
| • NBI Clearance                                                                                                                                                                                                                                | National Bureau of Investigation                                                                  |

| CHECKLIST OF REQUIREMENTS                                                                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                    | CSC Regional Office where the requesting party took the exam |

| CLIENT STEPS                                                                                                                                                                   | AGENCY ACTION                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------------------------------------------------------------|
| <b>A. SIMPLE INQUIRIES (WALK-IN, EMAIL, PHONE, AND SOCIAL MEDIA)</b>                                                                                                           |                                                                                                                       |                 |                 |                                                                        |
| 1. Contact the Public Information Office via the following channels:<br>1.1 Walk-in<br>1.2 Email<br>1.3 Phone<br>1.4 Social media via Antipolo City Gov't or Jun-Andeng Ynares | 1.1. Answer the inquiry / attend to the client's inquiry                                                              | None            | 1 - 4 minutes   | Action Officer (Administrative Section or Special Concerns and Events) |
| <b>B. COMPLEX INQUIRIES VIA WALK-IN</b>                                                                                                                                        |                                                                                                                       |                 |                 |                                                                        |
| <b>Inform the client to:</b><br><br>1. Submit letter of request to the Office of the City Mayor with the ID                                                                    | 1.1 Receive letter of request and assess the completeness of the requirements                                         | None            | 5 minutes       | Action Officer (Office of the City Mayor - Receiving)                  |
|                                                                                                                                                                                | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database. | None            | 5 minutes       | Action Officer (PIO - Administrative Section - Receiving)              |

| CLIENT STEPS                                   | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                             | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                            |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------------------------------------|
|                                                | <p>1.3 Forward the request to the Administrative Section for verification of the requirements and details</p> <p>1.3.1 Incomplete - Inform the requesting party of any deficiency</p>                                                                                                                                                                                                                                                     | none            | 2 minutes             | Action Officer (PIO - Administrative Section) |
|                                                | <p>1.4 Once verified and approved*, the Administrative Section provides the client with the necessary information** they have requested.</p> <p>1.4.1. Information Not Available at the PIO – If the requested information is not available at the PIO, the client will be informed accordingly. If the information is available in another office, the PIO will endorse the client to the appropriate office for further assistance.</p> | None            | 10 minutes - half-day | Action Officer (PIO - Administrative Section) |
| 2. Receive the requested information materials | 2.1. Upon claiming the requested information, the client will be required to sign a receiving copy as proof of acknowledgment.                                                                                                                                                                                                                                                                                                            | None            | 1 - 3 minutes         | Action Officer (PIO - Administrative Section) |

|                                       |                                                                                                                            |      |          |                                               |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------|----------|-----------------------------------------------|
|                                       |                                                                                                                            |      |          |                                               |
| <b>C. COMPLEX INQUIRIES VIA PHONE</b> |                                                                                                                            |      |          |                                               |
| 1. Call the PIO hotline               | 1.1. Inform the client to submit the required documents for processing and request their email address for correspondence. | None | 1 minute | Action Officer (PIO - Administrative Section) |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME                                   | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | 1.2. Proceed with Agency Step 1.1 for walk-in clients.                                                                                                                            | None            | Proceed with Agency Step 1.1 for walk-in clients. | Proceed with Agency Step 1.1 for walk-in clients.                                                                  |
| 2. Receive the data / information                       | 2.1. The PIO Administrative Section will notify the client that their request has been received and will send the necessary information via email.                                | None            | 1 - 3 minutes                                     | Action Officer (PIO - Administrative Section - Email)                                                              |
| <b>D. COMPLEX INQUIRIES VIA ONLINE - EMAIL</b>          |                                                                                                                                                                                   |                 |                                                   |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number. | None            | 5 minutes                                         | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                         | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                           | None            | 5 minutes                                         | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                         | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                           | None            | Same as Walk-in 1.2 onwards                       | Same as Walk-in 1.2 onwards                                                                                        |
| 2. Receive the requested data / information             | 2.1. Email the requested data / information and ask the client to acknowledge it in the email as proof of Receipt.                                                                | None            | 1 - 3 minutes                                     | PIO - Action Officer (Administrative Section - Email)                                                              |

|                                                                                                                                 |                                                                      |      |                                                                 |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------|-----------------------------------------------------------------|-----------------------------------------------------------------|
|                                                                                                                                 |                                                                      |      |                                                                 |                                                                 |
| <b>E. COMPLEX INQUIRIES VIA ONLINE - SOCIAL MEDIA</b>                                                                           |                                                                      |      |                                                                 |                                                                 |
| 1. Chat the social media pages <ul style="list-style-type: none"> <li>Antipolo City Gov't</li> <li>Jun-Andeng Ynares</li> </ul> | 1.1. Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone | None | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone |
| 2. Receive the data / information                                                                                               | 2.1. The PIO Administrative Section or the Special                   | None | 1 - 3 minutes                                                   | Action Officer (PIO - Administrative                            |

| CLIENT STEPS | AGENCY ACTION                                                                                                                         | FEES TO BE PAID | PROCESSING TIME                   | PERSON RESPONSIBLE                                             |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|----------------------------------------------------------------|
|              | Concerns and Events will notify the client that their requested data / information will be sent / answered via social media or email. |                 |                                   | Section - Email or Special Concerns and Events - Social Media) |
| <b>TOTAL</b> |                                                                                                                                       | <b>None</b>     | <b>Half-day and 15 minutes***</b> |                                                                |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for responding to the clients varies based on the type / mode of inquiry as well as the complexity of the requested data / information.

10. REQUEST FOR ONLINE BUSINESS PROMOTION (WALK-IN AND ONLINE)

The Public Information Office (PIO) facilitates online business promotion through its official social media platforms. Businesses may request promotional assistance by submitting the necessary details, including business name, description, services offered, and relevant media assets such as images or videos. The PIO ensures that promotions align with community guidelines and aims to support local enterprises by increasing their visibility and engagement online.

|                       |                                                                               |
|-----------------------|-------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section and Writers' Section |
| CLASSIFICATION:       | Simple                                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2B - Government to Business                   |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies                                     |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                              | WHERE TO SECURE                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>1. Letter of Request addressed to the City Mayor</b><br><b>1.1 The letter should contain the following details:</b><br>1.1.1. Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1.Telephone or mobile number; and/or<br>1.1.2.2. Email address<br>1.1.3.Collaterals / Promotional Materials | Client                                                                                               |
| <b>2. Document/s establishing identification such as <b>printed or photocopied copy of at least one (1) ID card</b> of the requesting individual, party, or representative, as follows:</b>                                                                                                            | Client                                                                                               |
| <ul style="list-style-type: none"><li>Philippine Identification (PhilID) or National ID</li></ul>                                                                                                                                                                                                      | Philippine Statistics Office (PSA)                                                                   |
| <ul style="list-style-type: none"><li>PWD ID</li></ul>                                                                                                                                                                                                                                                 | City Social Welfare and Development Office (CSWDO)<br>- Person with Disability Affairs Office (PDAO) |
| <ul style="list-style-type: none"><li>Solo Parent ID</li></ul>                                                                                                                                                                                                                                         | CSWDO                                                                                                |
| <ul style="list-style-type: none"><li>Senior Citizen's ID</li></ul>                                                                                                                                                                                                                                    | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                     |
| <ul style="list-style-type: none"><li>Company / Office ID</li></ul>                                                                                                                                                                                                                                    | Requesting party's company / office                                                                  |
| <ul style="list-style-type: none"><li>School ID</li></ul>                                                                                                                                                                                                                                              | Requesting party's school                                                                            |
| <ul style="list-style-type: none"><li>Postal ID</li></ul>                                                                                                                                                                                                                                              | PhilPost                                                                                             |
| <ul style="list-style-type: none"><li>Barangay ID</li></ul>                                                                                                                                                                                                                                            | Barangay where the requesting party resides                                                          |
| <ul style="list-style-type: none"><li>Police Clearance / Police Clearance Certificate</li></ul>                                                                                                                                                                                                        | Philippine National Police                                                                           |
| <ul style="list-style-type: none"><li>NBI Clearance</li></ul>                                                                                                                                                                                                                                          | National Bureau of Investigation                                                                     |

| CHECKLIST OF REQUIREMENTS                                                                                                 | WHERE TO SECURE                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| <ul style="list-style-type: none"> <li>CSC Eligibility Card</li> </ul>                                                    | CSC Regional Office where the requesting party took the exam |
| <ul style="list-style-type: none"> <li>3. Business Permit</li> </ul>                                                      | Business Permit and Licensing Office (BPLO)                  |

| CLIENT STEPS                                                            | AGENCY ACTION                                                                                                                                                            | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------------------------------------------------|
| <b>WALK-IN</b>                                                          |                                                                                                                                                                          |                 |                       |                                                           |
| 1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                            | None            | 5 minutes             | Action Officer (Office of the City Mayor - Receiving)     |
|                                                                         | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database.                                                    | None            | 5 minutes             | Action Officer (PIO - Administrative Section - Receiving) |
|                                                                         | 1.3 Forward the request to the Writers' Section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency | none            | 2 minutes             | Action Officer (PIO - Writers' Section)                   |
|                                                                         | 1.4 Once verified, the section will draft a content caption subject for approval* of the department head / section head.                                                 | None            | 10 minutes - half-day | Action Officer (PIO - Writers' Section)                   |



| CLIENT STEPS                                             | AGENCY ACTION                                                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME                  | PERSON RESPONSIBLE                                                                                                 |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                          | 1.5. Upon approval, the section will post or schedule the content on the official social media page of the City Government.                                                       | None            | 3 minutes                        | Action Officer (PIO - Writers' Section)                                                                            |
| <b>ONLINE (EMAIL)***</b>                                 |                                                                                                                                                                                   |                 |                                  |                                                                                                                    |
| 1 . Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number. | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                          | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                           | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                          | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                           | None            | Same as Walk-in 1.2 onwards      | Same as Walk-in 1.2 onwards                                                                                        |
| <b>TOTAL</b>                                             |                                                                                                                                                                                   | <b>None</b>     | <b>Half-day and 15 minutes**</b> |                                                                                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.  
 \*\*The total processing time for both the walk-in and online are the same.

11. RESPONSE TO REQUEST FOR ONLINE PUBLIC SERVICE ANNOUNCEMENT (ONLINE)

The Public Information Office (PIO) carefully reviews and processes requests for online public service announcements (PSAs) to ensure they align with public interest and community guidelines. Approved announcements will be shared through the PIO’s official social media platforms, reaching a wider audience and promoting awareness on important matters.

Requests must include essential details such as the purpose of the announcement, target audience, relevant dates, and supporting materials (e.g., images, videos, or documents). The PIO prioritizes PSAs related to public safety, government initiatives, community programs, and other topics beneficial to the general public.

While the PIO strives to accommodate all requests, approval and scheduling will depend on content relevance, urgency, and platform availability. Requesting parties will be notified of the status of their submission and any necessary revisions to ensure compliance with posting standards.

|                       |                                                                                               |
|-----------------------|-----------------------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section and Writers' Section                 |
| CLASSIFICATION:       | Simple                                                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies                                                     |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                | WHERE TO SECURE                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Letter of Request addressed to the City Mayor<br>1.1 The letter should contain the following details:<br>1.1.1.Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1. Telephone or mobile number; and/or<br>1.1.2.2 Email address<br>1.3 Other details pertinent to the request | Client                                                                                            |
| 2. Document/s establishing identification such as printed or photocopied copy of at least one (1) ID card of the requesting individual, party, or representative, as follows:                                                                                                            | Client                                                                                            |
| • Philippine Identification (PhilID) or National ID                                                                                                                                                                                                                                      | Philippine Statistics Office (PSA)                                                                |
| • PWD ID                                                                                                                                                                                                                                                                                 | City Social Welfare and Development Office (CSWDO) - Person with Disability Affairs Office (PDAO) |
| • Solo Parent ID                                                                                                                                                                                                                                                                         | CSWDO                                                                                             |
| • Senior Citizen's ID                                                                                                                                                                                                                                                                    | CSWDO - Office of Senior Citizens Affairs (OSCA)                                                  |
| • Company / Office ID                                                                                                                                                                                                                                                                    | Requesting party's company / office                                                               |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE           |
|---------------------------|---------------------------|
| • School ID               | Requesting party's school |
| • Postal ID               | PhilPost                  |

|                                                                                                                           |                                                              |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Barangay ID</li> </ul>                                                             | Barangay where the requesting party resides                  |
| <ul style="list-style-type: none"> <li>Police Clearance / Police Clearance Certificate</li> </ul>                         | Philippine National Police                                   |
| <ul style="list-style-type: none"> <li>NBI Clearance</li> </ul>                                                           | National Bureau of Investigation                             |
| <ul style="list-style-type: none"> <li>Driver's License / Temporary Driver's License / Student Driver's Permit</li> </ul> | Land Transportation Office                                   |
| <ul style="list-style-type: none"> <li>Passport</li> </ul>                                                                | Department of Foreign Affairs                                |
| <ul style="list-style-type: none"> <li>PRC License</li> </ul>                                                             | Professional Regulation Commission                           |
| <ul style="list-style-type: none"> <li>SSS ID</li> </ul>                                                                  | Social Security System                                       |
| <ul style="list-style-type: none"> <li>GSIS ID (UMID)</li> </ul>                                                          | GSIS                                                         |
| <ul style="list-style-type: none"> <li>Voter's ID / Voter's Certification</li> </ul>                                      | Commission on Election                                       |
| <ul style="list-style-type: none"> <li>BIR / Taxpayer's ID</li> </ul>                                                     | Bureau of Internal Revenue                                   |
| <ul style="list-style-type: none"> <li>PhilHealth ID</li> </ul>                                                           | PhilHealth                                                   |
| <ul style="list-style-type: none"> <li>Seaman's Book</li> </ul>                                                           | MARINA                                                       |
| <ul style="list-style-type: none"> <li>HDMF Transaction Card</li> </ul>                                                   | HDMF                                                         |
| <ul style="list-style-type: none"> <li>Alien Certificate of Registration Identity Card (ACR I-CARD)</li> </ul>            | Bureau of Immigration                                        |
| CSC Eligibility Card                                                                                                      | CSC Regional Office where the requesting party took the exam |
| <b>FOR MISSING PERSON</b>                                                                                                 |                                                              |
| <ul style="list-style-type: none"> <li>Barangay / Police Blotter</li> </ul>                                               | Barangay where the resident resides or the PNP               |
| <ul style="list-style-type: none"> <li>Missing Individual's Photograph</li> </ul>                                         | Client                                                       |
| <b>FOR ADVISORIES</b>                                                                                                     |                                                              |
| <ul style="list-style-type: none"> <li>Informational, Educational, and Communication (IEC) Materials</li> </ul>           | Client                                                       |
| <b>FOR LOST AND FOUND</b>                                                                                                 |                                                              |
| <ul style="list-style-type: none"> <li>Details on missing items</li> </ul>                                                | Client                                                       |

| CLIENT STEPS                                                                   | AGENCY ACTION                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                           |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------------------------------------------------|
| <b>WALK-IN</b>                                                                 |                                                                                                                       |                 |                 |                                                              |
| 1. Submit letter of request to the<br><br>Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                         | None            | 5 minutes       | Action Officer<br>(Office of the City Mayor - Receiving)     |
|                                                                                | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database. | None            | 5 minutes       | Action Officer<br>(PIO - Administrative Section - Receiving) |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME                  | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | 1.3 Forward the request to the Writers' Section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency          | none            | 2 minutes                        | Action Officer (PIO - Writers' Section)                                                                            |
|                                                         | 1.4 Once verified, the section will draft* a content caption subject for approval** of the department head / section head.                                                        | None            | 3 minutes - half-day             | Action Officer (PIO - Writers' Section)                                                                            |
|                                                         | 1.5. Upon approval, the section will post or schedule the content on the official social media page of the City Government.                                                       | None            | 3 minutes                        | Action Officer (PIO - Writers' Section)                                                                            |
| <b>ONLINE (EMAIL)***</b>                                |                                                                                                                                                                                   |                 |                                  |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number. | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                         | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                           | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                         | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                           | None            | Same as Walk-in 1.2 onwards      | Same as Walk-in 1.2 onwards                                                                                        |
| <b>TOTAL</b>                                            |                                                                                                                                                                                   | <b>None</b>     | <b>Half-day and 15 minutes**</b> |                                                                                                                    |

\*The processing time for drafting a caption may vary depending on the complexity of the request.  
 \*\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.  
 \*\*\*The total processing time for both the walk-in and online are the same.



# **Public Information Office**

## **Internal Services**



1. RESPONSE TO REQUEST FOR ONLINE PUBLIC SERVICE ANNOUNCEMENT (ONLINE)

Upon request by departments / offices, department heads / program heads / officers-in- charge, or their authorized representatives, the Public Information Office (PIO) - Graphic Artists' Section facilitates the creation and coordination of the production of tarpaulins to effectively communicate information for various events, programs, and announcements.

This includes designing, printing, and, if applicable, ensuring the proper placement of tarpaulins in strategic locations. The PIO ensures that all tarpaulin requests adhere to branding guidelines, maintain readability, and effectively convey the intended message to maximize visibility and impact.

|                       |                                                                                 |
|-----------------------|---------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Graphic Artists' Section and Writers' Section |
| CLASSIFICATION:       | Simple                                                                          |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government                   |
| WHO MAY AVAIL:        | Citizens of Antipolo                                                            |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                          | WHERE TO SECURE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Letter of Request addressed to the City Mayor thru the Public Information Office<br>1.1 The letter should contain the following details:<br>1.1.1. Full name of requestee<br>1.1.2. Contact details<br>1.1.1.2.1.Telephone or mobile number; and/or<br>1.1.2.2. Email address<br>1.1.3. Event profile / information about the event or activity | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                    |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------|
| WALK-IN                                                     |                                                                                      |                 |                 |                                                       |
| 1. Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements        | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving) |
|                                                             | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document | None            | 5 minutes       | PIO - Action Officer (Administrative                  |

| CLIENT STEPS                                                                                                                 | AGENCY ACTION                                                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME                                            | PERSON RESPONSIBLE                                                  |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                                              | and encode it into the database.                                                                                                                                                  |                 |                                                            | Section - Receiving)                                                |
|                                                                                                                              | 1.3 Forwards the request to the Graphic Artists' Section for verification of the requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency | none            | 5 minutes                                                  | Action Officer (Graphic Artists' Section)                           |
|                                                                                                                              | 1.4 Once verified, the Graphic Artists' Section will formulate a design which will be approved* by the section head                                                               | None            | Half-day for simple design<br><br>1 day for complex design | Action Officer (Graphic Artists' Section)                           |
|                                                                                                                              | 1.5 The proposed layout will then be proofread by writers. Once no errors are found, design will be submitted to the department or section head for final approval.               | None            | 5 minutes                                                  | Action Officer (Writers' Section)                                   |
|                                                                                                                              | 1.6 Once approved, email the finished design to the contractor (printing store) for production**.                                                                                 | None            | 5 minutes                                                  | Action Officer (Graphic Artists' Section)                           |
|                                                                                                                              | 1.7 Upon production and printing, the client will be informed that the tarpaulin is ready for pick-up                                                                             | None            | 5 minutes                                                  | Action Officer (Graphic Artists' Section)                           |
| 3. Pick-up the tarpaulin/s at the PIO or at the Information Desk located at the Lobby of the Annex Building for Convenience. | 2.1. Once the client receives the tarpaulin/s, he/she needs to fill-in the PIO Receiving Form at the PIO or at the Information Desk                                               | None            | 5 minutes                                                  | Action Officer (Graphic Artists' Section or Administrative Section) |

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
|                       |  |  |  |  |
| <b>ONLINE (EMAIL)</b> |  |  |  |  |

| CLIENT STEPS                                             | AGENCY ACTION                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME                | PERSON RESPONSIBLE                                                                                                 |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 2 . Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number | None            | 5 minutes                      | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                          | 1.2. The PIO Admin. Section (Email) will acknowledge the email and send the reference number should the client wants to follow-up the status of their request                    | None            | 5 minutes                      | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                          | 1.3. Same steps for Walk-in 1.2 onwards.                                                                                                                                         | None            | Same for Walk-in 1.2 onwards   | Same for Walk-in 1.2 onwards                                                                                       |
| <b>TOTAL</b>                                             |                                                                                                                                                                                  | <b>None</b>     | <b>1 day and 30 minutes***</b> |                                                                                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The production speed may vary depending on the quantity of the requested tarpaulins.

\*\*\*The total processing time for both the walk-in and online are the same.



2. PROVISION OF LAY-OUT DESIGN (WALK-IN AND ONLINE)

Upon request by departments / offices, department heads / program heads / officers-in- charge, or their authorized representatives, the Public Information Office (PIO) - Graphic Artists' Section facilitates the creation of layout and design requests for various visual materials, including tarpaulins, certificates, art cards, and other printed or digital graphics.

The PIO ensures that all designs align with branding guidelines, readability standards, and the intended message to effectively communicate information. Through creative and visually engaging layouts, the office supports events, programs, and announcements, enhancing their overall impact and visibility.

|                       |                                                                                 |
|-----------------------|---------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Graphic Artists' Section and Writers' Section |
| CLASSIFICATION:       | Simple                                                                          |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government                   |
| WHO MAY AVAIL:        | Citizens of Antipolo                                                            |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                | WHERE TO SECURE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <b>Letter of Request addressed to the City Mayor</b> thru the Public Information Office<br>1.1 <b>The letter should contain the following details:</b><br>1.1.1. Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1. Telephone or mobile number; and/or<br>1.1.2.2. Email address<br>1.1.3 <b>Event profile / information</b><br>about the event or activity | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                       | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                          |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------------|
| WALK-IN                                                     |                                                                                                     |                 |                 |                                                             |
| 1. Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements                       | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving)       |
|                                                             | 1.2 Once approved by the Office of the City Mayor, receive the document and encode in the database. | None            | 5 minutes       | PIO - Action Officer (Receiving) and Administrative Section |
|                                                             | 1.3 Forward the request to the Graphic Artists' Section for verification                            | none            | 5 minutes       | PIO - Action Officer (Graphic Artists' Section)             |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                    | FEES TO BE PAID | PROCESSING TIME                  | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | of the requirements and details                                                                                                                                                  |                 |                                  |                                                                                                                    |
|                                                         | 1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                                                                 |                 |                                  |                                                                                                                    |
|                                                         | 1.4 Once verified, the Graphic Artists' Section will formulate a design which will be approved* by the Department Head or Section Head.                                          | None            | 2 minutes - half-day             | PIO - Action Officer (Graphic Artists' Section)                                                                    |
| 2. Receive the requested design                         | 2.1. Upon approval, forward the (email) the finished design to the requesting party and request an acknowledgement in the email as proof of receipt.                             | None            | 5 minutes                        | PIO - Action Officer (Graphic Artists' Section)                                                                    |
| <b>ONLINE (EMAIL)</b>                                   |                                                                                                                                                                                  |                 |                                  |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                         | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                          | None            | 5 minutes                        | PIO - Action Officer (Administrative Section - Email)                                                              |
|                                                         | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                          | None            | Same as Walk-in 1.2 onwards      | Same as Walk-in 1.2 onwards                                                                                        |
| <b>TOTAL</b>                                            |                                                                                                                                                                                  | <b>None</b>     | <b>Half-day and 20 minutes**</b> |                                                                                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.  
 \*\*The total processing time for both the walk-in and online are the same.

3. REQUEST FOR EVENT MANAGEMENT SERVICE

The Public Information Office (PIO) - Special Concerns and Events provides logistical and technical assistance to support events organized by the National Government, as well as those hosted by private organizations, entities, departments, and offices. The PIO assists in event planning, coordination, and execution by offering expertise in program flow management and other essential event elements.

Additionally, the office ensures that events align with branding guidelines, maintain effective communication strategies, and achieve their intended impact. Through its event management services, the PIO helps create well-organized and engaging events that effectively deliver key messages to target audiences.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Special Concerns and Events |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo                                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                | WHERE TO SECURE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <b>Letter of Request addressed to the City Mayor</b> thru the Public Information Office<br>1.1 <b>The letter should contain the following details:</b><br>1.1.1. Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1.Telephone or mobile number; and/or<br>1.1.2.2. Email address<br>1.1.3. <b>Event profile / information</b><br>about the event or activity | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                       | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                          |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------------------------------|
| 1. Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements                       | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving)       |
|                                                             | 1.2 Once approved by the Office of the City Mayor, receive the document and encode in the database. | None            | 5 minutes       | PIO - Action Officer (Receiving) and Administrative Section |
|                                                             | 1.3 Forward the request to the Special Concerns and Events Section for verification of the          | none            | 5 minutes       | PIO - Action Officer (Special Concerns and Events Section)  |

| CLIENT STEPS               | AGENCY ACTION                                                                                                                                                                                                                                                      | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE                                 |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|----------------------------------------------------|
|                            | requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                                                                                                                   |                 |                              |                                                    |
|                            | 1.4 Once verified, the Special Concerns and Events Section will coordinate with the client regarding their request and liaise with other concerned offices. The section will also check the official schedule for availability and possible adjustments as needed. | None            | 1 - 2 days                   | PIO - Action Officer (Special Concerns and Events) |
| 2. Coordinate with the PIO | 2.1. Upon approval*, the Special Concerns and Events Section will inform the client regarding the confirmation to manage and to provide logistical assistance (if applicable) to the requesting party.                                                             | None            | 5 minutes                    | PIO - Action Officer (Special Concerns and Events) |
| <b>TOTAL</b>               |                                                                                                                                                                                                                                                                    | <b>None</b>     | <b>2 days and 20 minutes</b> |                                                    |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO

4. REQUEST FOR EVENT COVERAGE

The Public Information Office (PIO) - Photography and Videography Section provides photo and video documentation upon request from private groups, organizations, entities, departments, and offices. This includes full event coverage, from pre-event preparations to post-event highlights, ensuring that key moments are captured professionally.

Through its event coverage services, the PIO helps amplify the reach and impact of events by providing high-quality multimedia outputs for various platforms, including social media, websites, and official reports.

|                       |                                                                                            |
|-----------------------|--------------------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Photography and Videography Section and Writers' Section |
| CLASSIFICATION:       | Simple                                                                                     |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government                              |
| WHO MAY AVAIL:        | Citizens of Antipolo                                                                       |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                             | WHERE TO SECURE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <b>Letter of Request addressed to the City Mayor</b> thru the Public Information Office<br><b>1.1 The letter should contain the following details:</b><br>1.1.1 Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1.Telephone or mobile number; and/or<br>1.1.2.2.Email address<br><b>1.1.3.Event profile / information</b><br>about the event or activity | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| 1. Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements.                                        | None            | 5 minutes       | Office of the City Mayor - Action Officer (Receiving)     |
|                                                             | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database. | None            | 5 minutes       | PIO - Action Officer (Administrative Section - Receiving) |
|                                                             | 1.3 Forward the request to the Photography and Video Section for verification of details                              | none            | 5 minutes       | Action Officer (Photography and Videography Section)      |

| CLIENT STEPS | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FEE<br>TO BE<br>PAID | PROCESSING<br>TIME           | PERSON<br>RESPONSIBLE                                   |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|---------------------------------------------------------|
|              | <p>1.3.1 Incomplete Details - The section will inform the requesting party of any deficiency</p> <p>1.3.2. Schedule Conflict – The PIO will inform the client about available schedule options</p>                                                                                                                                                                                                                                                                               |                      |                              |                                                         |
|              | <p>1.4 Once verified and approved*, the Photo and Video Section will coordinate with the client regarding their request and assign a photographer and/or videographer (whichever is applicable)</p> <p>1.4.1.Unavailability of Photo/Video Services – In the event that photography and/or videography services are unavailable due to scheduling constraints or other reasons, the concerned office or department will be informed and advised to document their own event.</p> | None                 | 1 - 2 days                   | Action Officer<br>(Photography and Videography Section) |
| <b>TOTAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>None</b>          | <b>2 days and 15 minutes</b> |                                                         |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

5. RESPONSE TO REQUEST FOR HOSTING SERVICE

transitions, and an engaging experience for attendees.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Special Concerns and Events |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo                                          |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                               | WHERE TO SECURE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <b>Letter of Request addressed to the City Mayor</b> thru the Public Information Office<br>1.1 <b>The letter should contain the following details:</b><br>1.1.1. Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1 Telephone or mobile number; and/or<br>1.1.2.2.Email address<br>1.1.3. <b>Event profile / information</b><br>about the event or activity | Client          |

| CLIENT STEPS                                                 | AGENCY ACTION                                                                                                                                                                                | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                       |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------------------|
| 1 . Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                                                | None            | 5 minutes       | Action Officer (Office of the City Mayor - Incoming)     |
|                                                              | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode / write it into the database / logbook.                                                      | None            | 5 minutes       | Action Officer (PIO - Administrative Section - Incoming) |
|                                                              | 1.3 Forward the request to the Special Concerns and Events Section for verification of the requirements and details<br><br>1.3.1. Incomplete - Inform the requesting party of any deficiency | none            | 5 minutes       | Action Officer (Special Concerns and Events Section)     |

| CLIENT STEPS               | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE                           |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|----------------------------------------------|
|                            | <p>1.4. Once verified, the Special Concerns and Events Section will coordinate with the client regarding their request and liaise with other concerned offices. The section will also check the official schedule for availability and possible adjustments as needed.</p> <p>1.4.1CSchedule Conflict – The PIO will inform the client about available schedule options</p> | None            | 1 - 2 days                   | Action Officer (Special Concerns and Events) |
| 2. Coordinate with the PIO | 2.1. Upon approval, the Special Concerns and Events Section will inform the client of the confirmation and provide the designated host(s) for the event, along with the finalized schedule.                                                                                                                                                                                 | None            | 5 minutes                    | Action Officer (Special Concerns and Events) |
| <b>TOTAL</b>               |                                                                                                                                                                                                                                                                                                                                                                             | <b>None</b>     | <b>2 days and 20 minutes</b> |                                              |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.



6. PROVISION OF INFORMATION MATERIALS (WALK-IN AND ONLINE)

The Public Information Office (PIO) provides clients with essential information materials, both in-person and online, to support their research and informational needs. These materials include news clippings, photo releases, articles, periodicals, magazines, reports, brochures, and event schedules. Clients may access these resources for academic, professional, or personal research purposes. The PIO ensures that the information provided is accurate, up- to-date, and relevant to their inquiries.

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section      |
| CLASSIFICATION:       | Simple                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies                     |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                 | WHERE TO SECURE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. <b>Letter of Request addressed to the City Mayor</b> thru the Public Information Office<br><b>1.1 The letter should contain the following details:</b><br>1.1.1. Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1. Telephone or mobile number; and/or<br>1.1.2.2. Email address<br><b>1.1.3. Event profile / information</b><br>about the event or activity | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| WALK-IN                                                     |                                                                                                                       |                 |                 |                                                           |
| 1. Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements                                         | None            | 5 minutes       | Action Officer (Office of the City Mayor - Receiving)     |
|                                                             | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database. | None            | 5 minutes       | Action Officer (PIO - Administrative Section - Receiving) |
|                                                             | 1.3 Forward the request to the Administrative Section for verification of the                                         | none            | 2 minutes       | Action Officer (PIO - Administrative Section)             |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                      | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | requirements and details<br><br>1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                                                                                                                                                                                                                                                                                   |                 |                 |                                                                                                                    |
|                                                         | 1.4 Once verified and approved*, the Administrative Section provides the client with the necessary information** they have requested.<br><br>1.4.1. Information Not Available at the PIO – If the requested information is not available at the PIO, the client will be informed accordingly. If the information is available in another office, the PIO will endorse the client to the appropriate office for further assistance. | None            | 5 - 10 minutes  | Action Officer (PIO - Administrative Section)                                                                      |
| 2. Receive the requested information materials          | 2.1. Once the client receives the endorsement letter/s he/she needs to fill-in the PIO Receiving Form                                                                                                                                                                                                                                                                                                                              | None            | 2 minutes       | Action Officer (PIO - Administrative Section)                                                                      |
| <b>ONLINE (EMAIL)***</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                 |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number.                                                                                                                                                                                                                                                  | None            | 5 minutes       | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |

| CLIENT STEPS | AGENCY ACTION                                                                                                                                           | FEES TO BE PAID | PROCESSING TIME             | PERSON RESPONSIBLE                                    |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|-------------------------------------------------------|
|              | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request | None            | 5 minutes                   | PIO - Action Officer (Administrative Section - Email) |
|              | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                 | None            | Same as Walk-in 1.2 onwards | Same as Walk-in 1.2 onwards                           |
| TOTAL        |                                                                                                                                                         | None            | 24 minutes***               |                                                       |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for both the walk-in and online are the same

7. REQUEST OF MEDIA ASSISTANCE (WALK-IN AND ONLINE)

The Public Information Office (PIO) provides support to media networks, including television stations, radio broadcasters, and publication groups, by supplying relevant information materials and logistical assistance. The PIO ensures timely and accurate dissemination of information to facilitate effective media reporting.

This support may include press releases, background information, official statements, multimedia resources, coordination for interviews or media coverage, and production / film shooting permit.

|                       |                                                                                               |
|-----------------------|-----------------------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section and Writers' Section                 |
| CLASSIFICATION:       | Complex                                                                                       |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2G - Government to Government<br>G2B - Government to Business |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies, Businesses (Media Network)                         |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                        | WHERE TO SECURE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Letter of Request addressed to the City Mayor thru the Public Information Office<br>1.1 The letter should contain the following details:<br>1.1.1 Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1. Telephone or mobile number; and/or<br>1.1.2.2. Email address<br>1.1.3. Event profile / information about the event or activity | Client          |

| CLIENT STEPS                                                | AGENCY ACTION                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------------------------------------------|
| WALK-IN                                                     |                                                                                                                       |                 |                 |                                                           |
| 1. Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements                                         | None            | 5 minutes       | Action Officer (Office of the City Mayor - Receiving)     |
|                                                             | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database. | None            | 5 minutes       | Action Officer (PIO - Administrative Section - Receiving) |

| CLIENT STEPS             | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                            |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------------------------------------|
|                          | <p>1.3 Forward the request to the Administrative Section for verification of the requirements and details as well as approval*.</p> <p>1.3.1. Incomplete - Inform the requesting party of any deficiency</p>                                                                                                                                                                                                                                                                                                                                                              | none            | 20 minutes - half-day | Action Officer (PIO - Administrative Section) |
|                          | <b>B. FOR INFORMATION, STATEMENTS, PRESS RELEASE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                                               |
|                          | <p>1.4 Once verified and approved, the Administrative Section provides the client with the necessary information** they have requested.</p> <p>1.4.1. Information Not Available at the PIO – If the requested information is not available at the PIO, the client will be informed accordingly. If the information is available in another office, the PIO will endorse the client to the appropriate office for further assistance.</p> <p>1.4.2. Assistance – If the client requires physical assistance at the office, the PIO will accompany the media as needed.</p> | None            | 10 minutes            | Action Officer (PIO - Administrative Section) |
| 2. Receive the requested | 2.1. Once the client receives the requested information, the PIO will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | None            | 2 minutes             | Action Officer (PIO -                         |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                                                                                                                      | FEES TO BE PAID                          | PROCESSING TIME | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------|
| information or other form of assistance                 | request the client to fill in the receiving form.                                                                                                                                                                                                                                  |                                          |                 | Administrative Section)                                                                                            |
| Continued from Client Step No. 1                        | <b>B. FOR PRODUCTION / FILM SHOOTING PERMIT</b>                                                                                                                                                                                                                                    |                                          |                 |                                                                                                                    |
|                                                         | <b>Continued from Agency Step 1.3.</b><br><br>1.4. Once verified and approved*, the Administrative Section will forward and endorse it, along with the client, to the Office of the City Administrator for further processing. The client will then be issued an Order of Payment. | Based on the Film Shooting Matrix<br>*** |                 | Action Officer (Office of the City Administrator)                                                                  |
| 2. Payment of Film Shooting Permit                      | 2.1. The client must settle the Order of Payment at the Office of the City Treasurer.                                                                                                                                                                                              | Based on the Film Shooting Matrix<br>*** | 5 - 10 minutes  | Action Officer (Office of the City Treasurer)                                                                      |
|                                                         | 2.2. After payment is confirmed, the Office of the City Administrator will proceed with the preparation of the permit.                                                                                                                                                             | None                                     | 5 minutes       | Action Officer (Office of the City Administrator)                                                                  |
| 3. Claiming the Permit                                  | 3.1. Upon claiming the permit, the client will be required to sign a receiving copy as proof of acknowledgment.                                                                                                                                                                    | None                                     | 2 minutes       | Action Officer (Office of the City Administrator)                                                                  |
| <b>ONLINE (EMAIL)***</b>                                |                                                                                                                                                                                                                                                                                    |                                          |                 |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number.                                                                                                  | None                                     | 5 minutes       | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |

| CLIENT STEPS | AGENCY ACTION                                                                                                                                           | FEES TO BE PAID                       | PROCESSING TIME                 | PERSON RESPONSIBLE                                    |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------|-------------------------------------------------------|
|              | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request | None                                  | 5 minutes                       | PIO - Action Officer (Administrative Section - Email) |
|              | 1.3. Same steps as Walk-in 1.2 onwards for both A. and B. requests.                                                                                     | None                                  | Same as Walk-in 1.2 onwards     | Same as Walk-in 1.2 onwards                           |
| TOTAL        |                                                                                                                                                         | Based on the Film Shooting Matrix**** | Half-day and 14 minutes<br>**** |                                                       |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total payment fee will be determined based on the number of shooting days and the type of shooting subject, as outlined in the Film Shooting Matrix.

\*\*\*\*The total processing time for both the walk-in and online are the same.

8. HANDLING OF INQUIRIES (WALK-IN, ONLINE AND PHONE)

The Public Information Office (PIO) accommodates inquiries from the public through various channels, including walk-in visits, online platforms (email and social media), and phone calls. It provides accurate and timely responses to questions regarding government programs, services, events, and other relevant matters. The PIO ensures that all inquiries are addressed professionally and efficiently, promoting transparency and effective communication with the public.

|                       |                                                                                                  |
|-----------------------|--------------------------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section and Special Concerns and Events Section |
| CLASSIFICATION:       | Simple - Complex                                                                                 |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2B - Government to Businesses<br>G2G - Government to Government  |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies                                                        |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                   | WHERE TO SECURE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| FOR SIMPLE INQUIRIES                                                                                                                                                                                                                        |                 |
| None                                                                                                                                                                                                                                        | n/a             |
| FOR COMPLEX INQUIRIES                                                                                                                                                                                                                       |                 |
| 1. Letter of Request addressed to the City Mayor<br>1.1 The letter should contain the following details:<br>1.1.1. Full name of requestee<br>1.1.1.1 Contact details<br>1.1.1.2.Telephone or mobile number; and/or<br>1.1.1.3.Email address | Client          |

| CLIENT STEPS                                                                                                                          | AGENCY ACTION                                            | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------|-----------------|------------------------------------------------------------------------|
| B. SIMPLE INQUIRIES (WALK-IN, EMAIL, PHONE, AND SOCIAL MEDIA)                                                                         |                                                          |                 |                 |                                                                        |
| 1. Contact the Public Information Office via the following channels:<br>1.1 Walk-in<br>1.2 Email<br>1.3 Phone<br>1.4 Social media via | 1.1. Answer the inquiry / attend to the client's inquiry | None            | 1 - 4 minutes   | Action Officer (Administrative Section or Special Concerns and Events) |



| CLIENT STEPS                                                                                                | AGENCY ACTION                                                                                                                                                                                                           | FEES TO BE PAID | PROCESSING TIME       | PERSON RESPONSIBLE                                        |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------------------------------------------------|
| Antipolo City Gov't or Jun-Andeng Ynares                                                                    |                                                                                                                                                                                                                         |                 |                       |                                                           |
| <b>B. COMPLEX INQUIRIES VIA WALK-IN</b>                                                                     |                                                                                                                                                                                                                         |                 |                       |                                                           |
| <b>Inform the client to:</b><br><br>1. Submit letter of request to the Office of the City Mayor with the ID | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                                                                           | None            | 5 minutes             | Action Officer (Office of the City Mayor - Receiving)     |
|                                                                                                             | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database.                                                                                                   | None            | 5 minutes             | Action Officer (PIO - Administrative Section - Receiving) |
|                                                                                                             | 1.3 Forward the request to the Administrative Section for verification of the requirements and details                                                                                                                  | none            | 2 minutes             | Action Officer (PIO - Administrative Section)             |
|                                                                                                             | 1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                                                                                                        |                 |                       |                                                           |
|                                                                                                             | 1.4.Once verified and approved*, the Administrative Section provides the client with the necessary information** they have requested.                                                                                   | None            | 10 minutes - half-day | Action Officer (PIO - Administrative Section)             |
|                                                                                                             | 1.4.1.Information Not Available at the PIO – If the requested information is not available at the PIO, the client will be informed accordingly. If the information is available in another office, the PIO will endorse |                 |                       |                                                           |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME                                   | PERSON RESPONSIBLE                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                         | the client to the appropriate office for further assistance.                                                                                                                      |                 |                                                   |                                                                                                                    |
| 2. Receive the requested information materials          | 2.1. Upon claiming the requested information, the client will be required to sign a receiving copy as proof of acknowledgment.                                                    | None            | 1 - 3 minutes                                     | Action Officer (PIO - Administrative Section)                                                                      |
| <b>C. COMPLEX INQUIRIES VIA PHONE</b>                   |                                                                                                                                                                                   |                 |                                                   |                                                                                                                    |
| 1. Call the PIO hotline                                 | 1.1. Inform the client to submit the required documents for processing and request their email address for correspondence.                                                        | None            | 1 minute                                          | Action Officer (PIO - Administrative Section)                                                                      |
|                                                         | 1.2. Proceed with Agency Step 1.1 for walk-in clients.                                                                                                                            | None            | Proceed with Agency Step 1.1 for walk-in clients. | Proceed with Agency Step 1.1 for walk-in clients.                                                                  |
| 2. Receive the data / information                       | 2.1. The PIO Administrative Section will notify the client that their request has been received and will send the necessary information via email.                                | None            | 1 - 3 minutes                                     | Action Officer (PIO - Administrative Section - Email)                                                              |
| <b>D. COMPLEX INQUIRIES VIA ONLINE - EMAIL</b>          |                                                                                                                                                                                   |                 |                                                   |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will give a reference number. | None            | 5 minutes                                         | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |
|                                                         | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up the status of their request                           | None            | 5 minutes                                         | PIO - Action Officer (Administrative Section - Email)                                                              |

| CLIENT STEPS                                          | AGENCY ACTION                                                                                                                                                                            | FEES TO BE PAID | PROCESSING TIME                                                 | PERSON RESPONSIBLE                                                                                  |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                                                       | 1.3. Same steps as Walk-in 1.2 onwards.                                                                                                                                                  | None            | Same as Walk-in 1.2 onwards                                     | Same as Walk-in 1.2 onwards                                                                         |
| 2. Receive the requested data / information           | 2.1. Email the requested data / information and ask the client to acknowledge it in the email as proof of receipt.                                                                       | None            | 1 - 3 minutes                                                   | PIO - Action Officer (Administrative Section - Email)                                               |
| <b>E. COMPLEX INQUIRIES VIA ONLINE - SOCIAL MEDIA</b> |                                                                                                                                                                                          |                 |                                                                 |                                                                                                     |
| 1. Chat the social media pages                        | 1.1. Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                                                                                                     | None            | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone | Same as Agency Steps No. 1.1. on C. Complex Inquiries via Phone                                     |
| 2. Receive the data / information                     | 2.1. The PIO Administrative Section or the Special Concerns and Events will notify the client that their requested data / information will be sent / answered via social media or email. | None            | 1 - 3 minutes                                                   | Action Officer (PIO - Administrative Section - Email or Special Concerns and Events - Social Media) |
| <b>TOTAL</b>                                          |                                                                                                                                                                                          | <b>None</b>     | <b>Half-day and 15 minutes***</b>                               |                                                                                                     |

\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The processing time for retrieving the requested information may vary depending on the complexity of the request.

\*\*\*The total processing time for responding to the clients varies based on the type / mode of inquiry as well as the complexity of the requested data / information.

9. RESPONSE TO REQUEST FOR ONLINE PUBLIC SERVICE ANNOUNCEMENT (ONLINE)

The Public Information Office (PIO) carefully reviews and processes requests for online public service announcements (PSAs) to ensure they align with public interest and community guidelines. Approved announcements will be shared through the PIO’s official social media platforms, reaching a wider audience and promoting awareness on important matters.

Requests must include essential details such as the purpose of the announcement, target audience, relevant dates, and supporting materials (e.g., images, videos, or documents). The PIO prioritizes PSAs related to public safety, government initiatives, community programs, and other topics beneficial to the general public.

While the PIO strives to accommodate all requests, approval and scheduling will depend on content relevance, urgency, and platform availability. Requesting parties will be notified of the status of their submission and any necessary revisions to ensure compliance with posting standards.

|                       |                                                                                               |
|-----------------------|-----------------------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section and Writers’ Section                 |
| CLASSIFICATION:       | Simple                                                                                        |
| TYPES OF TRANSACTION: | G2C - Government to Citizen<br>G2B - Government to Business<br>G2G - Government to Government |
| WHO MAY AVAIL:        | Citizens of Antipolo, Government Agencies                                                     |

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                        | WHERE TO SECURE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Letter of Request addressed to the City Mayor<br>1.1 The letter should contain the following details:<br><br>1.1.1. Full name of requestee<br>1.1.2. Contact details<br>1.1.2.1.Telephone or mobile number; and/or<br>1.1.2.2. Email address<br>1.1.3. Other details pertinent to the request | Client          |
| FOR ADVISORIES                                                                                                                                                                                                                                                                                   |                 |
| <ul style="list-style-type: none"><li>Informational, Educational, and Communication (IEC) Materials</li></ul>                                                                                                                                                                                    | - Client        |

| CLIENT STEPS   | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----------------|---------------|-----------------|-----------------|--------------------|
| <b>WALK-IN</b> |               |                 |                 |                    |

| CLIENT STEPS                                                 | AGENCY ACTION                                                                                                                                                            | FEES TO BE PAID | PROCESSING TIME      | PERSON RESPONSIBLE                                                                                                 |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| 1 . Submit letter of request to the Office of the City Mayor | 1.1 Receive letter of request and assess the completeness of the requirements                                                                                            | None            | 5 minutes            | Action Officer (Office of the City Mayor - Receiving)                                                              |
|                                                              | 1.2 Once approved by the Office of the City Mayor, the PIO will receive the document and encode it into the database.                                                    | None            | 5 minutes            | Action Officer (PIO - Administrative Section - Receiving)                                                          |
|                                                              | 1.3 Forward the request to the Writers' Section for verification of the requirements and details<br><br>1.3.1.Incomplete - Inform the requesting party of any deficiency | none            | 2 minutes            | Action Officer (PIO - Writers' Section)                                                                            |
|                                                              | 1.4 Once verified, the section will draft* a content caption subject for approval** of the department head / section head.                                               | None            | 3 minutes - half-day | Action Officer (PIO - Writers' Section)                                                                            |
|                                                              | 1.5. Upon approval, the section will post or schedule the content on the official social media page of the City Government.                                              | None            | 3 minutes            | Action Officer (PIO - Writers' Section)                                                                            |
| <b>ONLINE (EMAIL)***</b>                                     |                                                                                                                                                                          |                 |                      |                                                                                                                    |
| 1. Submit an email request to antipolocitygov@gmail.com      | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the Office of the City Mayor (Receiving) which will                 | None            | 5 minutes            | PIO - Action Officer (Administrative Section - Email)<br><br>Office of the City Mayor - Action Officer (Receiving) |

|  |                                                                                                                             |      |           |                                                       |
|--|-----------------------------------------------------------------------------------------------------------------------------|------|-----------|-------------------------------------------------------|
|  | give a reference number.                                                                                                    |      |           |                                                       |
|  | 1.2. The PIO Admin. Section (Email) acknowledge the email and send the reference number should the client need to follow-up | None | 5 minutes | PIO - Action Officer (Administrative Section - Email) |

| CLIENT STEPS | AGENCY ACTION                           | FEES TO BE PAID | PROCESSING TIME             | PERSON RESPONSIBLE          |
|--------------|-----------------------------------------|-----------------|-----------------------------|-----------------------------|
|              | the status of their request             |                 |                             |                             |
|              | 1.3. Same steps as Walk-in 1.2 onwards. | None            | Same as Walk-in 1.2 onwards | Same as Walk-in 1.2 onwards |
| TOTAL        |                                         | None            | Half-day and 15 minutes**   |                             |

\*The processing time for drafting a caption may vary depending on the complexity of the request.

\*\*The total approval time depends on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*\*The total processing time for both the walk-in and online are the same.

10. PROOFREADING SERVICE (WALK-IN AND ONLINE)

The Public Information Office (PIO) offers proofreading services to ensure clarity, accuracy, and professionalism in official documents, announcements, and other written materials. This service helps maintain high standards of communication by identifying and correcting grammatical errors, typographical mistakes, and inconsistencies in formatting.

Requests for proofreading must include the complete document and any specific guidelines or preferences. The PIO will review the content, provide necessary corrections, and offer suggestions for improvement while preserving the intended message.

|                       |                                                                               |
|-----------------------|-------------------------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Administrative Section and Writers' Section |
| CLASSIFICATION:       | Simple                                                                        |
| TYPES OF TRANSACTION: | G2G - Government to Government                                                |
| WHO MAY AVAIL:        | Departments and offices of the City Government of Antipolo                    |

| CHECKLIST OF REQUIREMENTS                                                                                       | WHERE TO SECURE |
|-----------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Document Tracking Form (DTF) - Addressed to the Public Information Office                                    | Client          |
| 2. Document the needs to be Proofread - Submit a clear and complete copy of the document requiring proofreading | Client          |
| 3. Additional requirements may be requested depending on the nature of the document                             | Client          |

| CLIENT STEPS                                         | AGENCY ACTION                                                                                       | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                       |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------------------|
| WALK-IN                                              |                                                                                                     |                 |                 |                                                          |
| 1. Submit the document along with the DTF at the PIO | 1.1 Receive letter of request and assess the completeness of the requirements                       | None            | 1-2 minutes     | PIO - Action Officer (Administrative Section - Incoming) |
|                                                      | 1.2 Encode / write the document into the database / logbook                                         | None            | 3-5 minutes     | Action Officer (PIO - Administrative Section)            |
|                                                      | 1.3 Forward the document to the Administrative Section verification of the requirements and details | none            | 2 minutes       | Action Officer (PIO - Administrative Section)            |
|                                                      | Incomplete - Inform the requesting party of any deficiency                                          |                 |                 |                                                          |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                          | FEES TO BE PAID | PROCESSING TIME              | PERSON RESPONSIBLE                                    |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|-------------------------------------------------------|
|                                                         |                                                                                                                                        |                 |                              |                                                       |
|                                                         | 1.4. The section will review and revise* the document.                                                                                 | None            | 5 - 10 minutes               | Action Officer (PIO - Administrative Section)         |
|                                                         | FOR INTERNAL CORRESPONDENCES                                                                                                           |                 |                              |                                                       |
|                                                         | 1.5. Write on the DTF and return it to the requesting office / department.                                                             | None            | 5 minutes                    | Action Officer (PIO - Administrative Section)         |
|                                                         | FOR EXTERNAL CORRESPONDENCES                                                                                                           |                 |                              |                                                       |
|                                                         | 1.5. Endorse the document to the City Administrator for further proofreading and inform the office / department of the action.         | None            | 5 minutes                    | Action Officer (PIO - Administrative Section)         |
| ONLINE (EMAIL)                                          |                                                                                                                                        |                 |                              |                                                       |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the department head for approval. | None            | 5 minutes                    | Action Officer (PIO - Administrative Section - Email) |
|                                                         | 1.2. The PIO Admin. Section (Email) will acknowledge the email.                                                                        | None            | 3 minutes                    | Action Officer (PIO - Administrative Section - Email) |
|                                                         | 1.3. Same steps for Walk-in 1.2 onwards.                                                                                               | None            | Same for Walk-in 1.2 onwards | Same for Walk-in 1.2 onwards                          |
| TOTAL                                                   |                                                                                                                                        | None            | 29 minutes**                 |                                                       |

\*The review and revision speed may vary depending on the complexity of the document / material.

\*\*The total processing time for both the walk-in and online are the same.



11. CONTENT CREATION (WALK-IN AND ONLINE)

The Public Information Office (PIO) provides content creation services to support effective communication and public engagement. This includes drafting, editing, and designing various materials such as announcements, social media posts, press releases, audio-visual presentation (AVP), and informational content tailored to the target audience.

Requests for content creation must include key details such as the purpose, target audience, preferred format, and any relevant information or media assets. The PIO ensures that all content aligns with communication standards, maintains clarity, and enhances audience engagement.

|                       |                                                            |
|-----------------------|------------------------------------------------------------|
| OFFICE / DIVISION:    | Public Information Office (PIO) - Writers' Section         |
| CLASSIFICATION:       | Simple                                                     |
| TYPES OF TRANSACTION: | G2G - Government to Government                             |
| WHO MAY AVAIL:        | Departments and offices of the City Government of Antipolo |

| CHECKLIST OF REQUIREMENTS                                                                                       | WHERE TO SECURE |
|-----------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Document Tracking Form (DTF) - Addressed to the Public Information Office                                    | Client          |
| 2. Document the needs to be Proofread - Submit a clear and complete copy of the document requiring proofreading | Client          |
| 3. Additional requirements may be requested depending on the nature of the document                             | Client          |
| 4. Or letter of request addressed to the City Mayor through the department head                                 | Client          |

| CLIENT STEPS                                            | AGENCY ACTION                                                                       | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                                       |
|---------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------------------|
| WALK-IN                                                 |                                                                                     |                 |                 |                                                          |
| 1. Submit letter / DTF to the Public Information Office | 1.1 Receive letter of request and assess the completeness of the requirements       | None            | 1-2 minutes     | PIO - Action Officer (Administrative Section - Incoming) |
|                                                         | 1.2 Encode / write the document into the database / logbook                         | None            | 3-5 minutes     | Action Officer (PIO - Administrative Section)            |
|                                                         | 1.3 Forward the document to the department head for review* and assignment of task. | none            | 2 minutes       | Action Officer (PIO - Administrative Section)            |

| CLIENT STEPS                                            | AGENCY ACTION                                                                                                                               | FEES TO BE PAID | PROCESSING TIME                | PERSON RESPONSIBLE                                    |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------|-------------------------------------------------------|
|                                                         | 1.4. Endorse to the Writers' Section for verification                                                                                       | None            | 5 minutes                      | Action Officer (PIO - Writers' Section)               |
|                                                         | 1.3.1 Incomplete - Inform the requesting party of any deficiency                                                                            |                 |                                |                                                       |
|                                                         | <b>FOR SIMPLE REQUEST</b>                                                                                                                   |                 |                                |                                                       |
|                                                         | 1.5. Draft the requested content and forward it to the requesting party.                                                                    | None            | 10 minutes                     | Action Officer (PIO - Writers' Section)               |
|                                                         | <b>FOR COMPLEX REQUEST (E.G., AVP, VIDEO MESSAGE, INFORMATIONAL MATERIAL)</b>                                                               |                 |                                |                                                       |
|                                                         | 1.5. Upon verification and identification of the requested content, coordinate with concerned sections of the PIO as well as other offices. | None            | 3 minutes                      | Action Officer (PIO - Writers' Section)               |
|                                                         | 1.6. Draft the content subject to the approval of the section head / department head.                                                       | None            | half-day - 2 days              | Action Officer (PIO - Writers' Section)               |
|                                                         | 1.7. Upon approval, publish / forward the content to the requesting party.                                                                  | None            | 5 - 10 minutes                 | Action Officer (PIO - Writers' Section)               |
| <b>ONLINE (EMAIL)</b>                                   |                                                                                                                                             |                 |                                |                                                       |
| 1. Submit an email request to antipolocitygov@gmail.com | 1.1. Upon receiving the email, the PIO - Administrative Section (Email) will forward the document to the department head for approval.      | None            | 5 minutes                      | Action Officer (PIO - Administrative Section - Email) |
|                                                         | 1.2. The PIO Admin. Section (Email) will acknowledge the email.                                                                             | None            | 3 minutes                      | Action Officer (PIO - Administrative Section - Email) |
|                                                         | 1.3. Same steps for Walk-in 1.2 onwards.                                                                                                    | None            | Same for Walk-in 1.2 onwards   | Same for Walk-in 1.2 onwards                          |
| <b>TOTAL</b>                                            |                                                                                                                                             | <b>None</b>     | <b>2 days and 27 minutes**</b> |                                                       |

\*The review of the department head may depend on the availability of the department head or section head, as well as the time the document was forwarded to and received by the PIO.

\*\*The total processing time for both the walk-in and online are the same.



# **Youth and Sports Coordinating and Development Office External Services**



## 1. REQUEST FOR SPECIAL FINANCIAL INCENTIVES

Upon request, the Youth and Sports Coordinating and Development Office (YSCDO) provides special financial incentive to athletes from Antipolo City who have represented the city and achieved success in local or international sports competitions.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                              | YSCDO                                                                                                                                                                                                                                                                                                                                                                                           |                       |                        |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                    | Simple                                                                                                                                                                                                                                                                                                                                                                                          |                       |                        |                                    |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                          | G2C – Government to Citizens                                                                                                                                                                                                                                                                                                                                                                    |                       |                        |                                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                     | Citizens of Antipolo City                                                                                                                                                                                                                                                                                                                                                                       |                       |                        |                                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 | WHERE TO SECURE       |                        |                                    |
| <ol style="list-style-type: none"> <li>1. Request letter</li> <li>2. Documents proving the athlete's participation in the competition</li> <li>3. Documents confirming the athlete's victory in the competition</li> <li>4. One (1) photocopy of any valid government-issued ID (front and back)</li> <li>5. Additional documentation or news clippings related to the athlete</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                 | - Client              |                        |                                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                              | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                   | FEES<br>TO<br>BE PAID | PROCESSIN<br>G<br>TIME | PERSON<br>RESPONSIBL<br>E          |
| 1. Submit a request letter to the Office of the City Mayor, along with the other required documents attached.                                                                                                                                                                                                                                                                             | <ol style="list-style-type: none"> <li>1. Upon receipt of the documents from the Mayor's Office, review and check the completeness of the requirements. <ul style="list-style-type: none"> <li>• Deficient – Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.</li> <li>• Complete – Proceed with the process.</li> </ul> </li> </ol> | None                  | Ten (10) minutes       | YSCDO staff – Admin Section        |
|                                                                                                                                                                                                                                                                                                                                                                                           | 1.1 Prepare a briefer and recommendation letter for the City Mayor, detailing the athlete's victory in the competition.                                                                                                                                                                                                                                                                         | None                  | Fifteen (15) minutes   | YSCDO staff – Admin. Section, Head |

|  |                                                                                                                                                                                                                                                                                            |      |                                     |                                    |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------|------------------------------------|
|  | <p>1.2 Forward the briefer and recommendation letter to the Mayor's Office to seek the mayor's final recommendation.</p> <ul style="list-style-type: none"> <li>Disapproved / denied – Provide notice to the requesting party stating the reason for the disapproval or denial.</li> </ul> | None | Half-day to one (1) working day     | YSCDO staff – Admin Section        |
|  | 1.3. Upon approval by the mayor, forward the approved briefer with the complete documents to the budget office for the processing of the documents.                                                                                                                                        | None | One (1) working days                | YSCDO staff – Admin Section        |
|  | 1.4. Once the financial incentives are ready the awarding of the incentives will be scheduled depending on the availability of the Schedule of Honorable Mayor or on Flag Ceremony.                                                                                                        | None | Fifteen (15) to thirty (30) minutes | YSCDO staff – Admin. Section, Head |
|  | <b>TOTAL:</b>                                                                                                                                                                                                                                                                              |      | <b>2 days and 55 minutes</b>        |                                    |

## 2. REQUEST FOR FINANCIAL SUPPORT OR ASSISTANCE

Upon request, the Youth and Sports Coordinating and Development Office (YSCDO) provides financial assistance to individuals, groups, or organizations, to assist their participation in local or international sports competitions.

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                     | YSCDO                                                                                                                                                                                                                                                                                                                                                                                           |                                |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                                                                                                                                                                                                                                          |                                |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                 | G2C – Government to Citizens                                                                                                                                                                                                                                                                                                                                                                    |                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                            | Citizens of Antipolo City                                                                                                                                                                                                                                                                                                                                                                       |                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 |                                | <b>WHERE TO SECURE</b>     |                               |
| <ol style="list-style-type: none"> <li>1. Request letter</li> <li>2. Documents proving the legitimacy of the competition</li> <li>3. Documents confirming the athlete's invitation to participate in the competition</li> <li>4. One (1) photocopy of any valid government-issued ID (front and back)</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                 |                                | - Client                   |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| <ol style="list-style-type: none"> <li>1. Submit a request letter to the Office of the City Mayor, along with the other required documents attached.</li> </ol>                                                                                                                                                  | <ol style="list-style-type: none"> <li>1. Upon receipt of the documents from the Mayor's Office, review and check the completeness of the requirements. <ul style="list-style-type: none"> <li>• Deficient – Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.</li> <li>• Complete – Proceed with the process.</li> </ul> </li> </ol> | None                           | 10 minutes                 | YSCDO - staff Admin Section   |

|  |                                                                                                                                                                                                                                              |      |                                   |                             |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|-----------------------------|
|  | 1.1 Review the submitted documents and coordinate with the Public Information Office (PIO).                                                                                                                                                  | None | Half-day                          | YSCDO - staff Admin Section |
|  | 1.2 Prepare a briefer and recommendation letter for the City Mayor, detailing the player's request.                                                                                                                                          | None | Half-day                          | YSCDO - staff Admin Section |
|  | 1.3 Forward the briefer and recommendation letter to the Mayor's Office to seek the mayor's final recommendation.<br><br>1.4 Disapproved / denied – Provide notice to the requesting party stating the reason for the disapproval or denial. | None | One (1) to three (3) working days | YSCDO - staff Admin Section |
|  | 1.5 Upon approval by the mayor, contact the requesting party to obtain their financial assistance.                                                                                                                                           | None | One (1) working day               | YSCDO - staff Admin Section |
|  | <b>TOTAL:</b>                                                                                                                                                                                                                                |      | <b>5 days and 10 minutes</b>      |                             |

### 3. REQUEST FOR EQUIPMENT IN SPORTS COMPETITIONS

Upon request, the Youth and Sports Coordinating and Development Office (YSCDO) provides various equipment to individuals, groups, or organizations in need of them for their sports competitions.

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                     | YSCDO                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen                                                                                                                                                                                                                                                                                                                                                                    |                                    |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                            | Citizens of Antipolo City                                                                                                                                                                                                                                                                                                                                                                      |                                    |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                    | <b>WHERE TO SECURE</b>     |                               |
| <ol style="list-style-type: none"> <li>1. Request letter</li> <li>2. Documents proving the legitimacy of the competition</li> <li>3. Documents confirming the athlete's invitation to participate in the competition</li> <li>4. One (1) photocopy of any valid government-issued ID (front and back)</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                |                                    | - Client                   |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                                           | <b>FEES<br/>TO<br/>BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit a request letter to the Office of the City Mayor, along with the other required documents attached.                                                                                                                                                                                                    | <ol style="list-style-type: none"> <li>1. Upon receipt of the documents from the Mayor's Office, review and check the completeness of the requirements.</li> </ol> <ul style="list-style-type: none"> <li>• Deficient – Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.</li> <li>• Complete – Proceed with the process.</li> </ul> | None                               | 10 minutes                 | YSCDO - staff Admin Section   |
|                                                                                                                                                                                                                                                                                                                  | 1.1 Review the submitted documents and coordinate with the Public Information Office (PIO).                                                                                                                                                                                                                                                                                                    | None                               | Half-day                   | YSCDO - staff Admin Section   |



|  |                                                                                                                                                                                                                                                                                           |      |                                   |                             |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|-----------------------------|
|  | 1.2 Prepare a briefer and recommendation letter for the City Mayor, detailing the player's request.                                                                                                                                                                                       | None | Half-day                          | YSCDO - staff Admin Section |
|  | <p>1.3 Forward the briefer and recommendation letter to the Mayor's Office to seek the mayor's final recommendation.</p> <ul style="list-style-type: none"> <li>Disapproved / denied – Provide notice to the requesting party stating the reason for the disapproval or denial</li> </ul> | None | One (1) to three (3) working days | YSCDO - staff Admin Section |
|  | 1.4 Upon approval by the mayor, contact the requesting party to obtain their financial assistance.                                                                                                                                                                                        | None | One (1) working day               | YSCDO - staff Admin Section |
|  | <b>TOTAL:</b>                                                                                                                                                                                                                                                                             |      | <b>5 days and 10 minutes</b>      |                             |

#### 4. USE OF THE ANTIPOLLO EDUCATIONAL SPORTS HUB

The Youth and Sports Coordinating and Development Office (YSCDO) is responsible for overseeing and scheduling activities at the Antipollo Sports Educational Hub. Furthermore, the YSCDO assesses whether the requesting party is required to pay the corresponding fee for their usage of the facilities. The YSCDO allows both the public sector (local and national government) and the private sector (non-governmental organizations, associations, federations, religious groups, etc.) to utilize the Antipollo Educational Sports Hub for various purposes, including:

- A. Sporting Events
- B. Religious Activities
- C. Weddings
- D. Birthdays
- E. Commencements
- F. Other related activities

|                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                            |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                           | Youth and Sports Coordinating and Development Office                                                             |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                 | Simple                                                                                                           |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                       | G2C – Government to Citizen<br>G2B – Government to Businesses<br>G2G – Government to Government                  |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                  | Citizens of Antipollo City                                                                                       |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                       |                                                                                                                  | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>Request letter that contains important details such as:<br/>Type of activity<br/>Date and time<br/>Number of expected participants or guests</li> <li>Contact number and email address</li> <li>One (1) photocopy of any valid government-issued ID (front and back)</li> </ol> |                                                                                                                  | - Client                   |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                    | <b>AGENCY ACTION</b>                                                                                             | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit a request letter to the Office of the City Mayor, along with the other required documents attached.                                                                                                                                                                                                          | 1. Upon receipt of the documents from the Mayor's Office, review and check the completeness of the requirements. | None                       | 10 minutes                 | YSCDO staff – Admin. Section  |

|  |                                                                                                                                                                                                                                                                               |                                             |                                  |                                                           |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|-----------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>Deficient – Inform the requesting party through call or email of any deficiency and enumerate the missing requirements.</li> <li>Complete – Proceed with the process.</li> </ul>                                                       |                                             |                                  |                                                           |
|  | 1.1 Review the submitted documents and coordinate with the Public Information Office (PIO).                                                                                                                                                                                   | None                                        | One (1) to two (2) working days  | YSCDO staff – Admin. Section                              |
|  | 1.2 YSCDO and PIO will contact the client regarding their request.                                                                                                                                                                                                            | None                                        | Half - day                       | YSCDO staff – Admin. Section<br>PIO staff – Admin Section |
|  | 1.3 YSCDO will determine whether the requested date is available or not and whether the event can be accommodated.                                                                                                                                                            | None                                        | Half-day to one (1) day          | YSCDO staff – Admin. Section                              |
|  | 2. If approved/ allowed, contact the requesting party to inform the status of their request in case they want to conduct an ocular inspection.                                                                                                                                | None                                        | 10 minutes                       | YSCDO staff – Admin. Section                              |
|  | <p>2.1 Once finalized, YSCDO staff will make an Order of Payment for the requesting party to pay it at the Office of the City Treasurer.</p> <ul style="list-style-type: none"> <li>• Free – If the request is deemed “free of charge,” no need to pay the cashier</li> </ul> | <p>Based on the computation</p> <p>None</p> | Five (5) to ten (10) ten minutes | YSCDO staff – Admin. Section                              |

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#### RENTAL FEE OF THE AMENITIES OF THE ANTIPOLO EDUCATIONAL SPORTS HUB

|     |                                                |                              |
|-----|------------------------------------------------|------------------------------|
| 1.  | Lights, ventilators, scoreboard and shot clock | P 1,200.00                   |
| 2.  | Lights & ventilators                           | P 1,200.00                   |
| 3.  | Lights, scoreboard& shot clock                 | P 600.00                     |
| 4.  | Ventilators, scoreboard & shot clock           | P 600.00                     |
| 5.  | Lights                                         | P 500.00                     |
| 6.  | Ventilators                                    | P 500.00                     |
| 7.  | Scoreboard & Shot clock                        | P 200.00                     |
| 8.  | Basketball Court                               | P 150.00                     |
| 9.  | Conventional Outlet (Sound System)             | P 151.80                     |
| 10. | LED Lights, LED Background, Sound System       | P 253.00                     |
| 11. | Perimeter Lights                               | P 150.00                     |
| 12. | Zumba room                                     | P 210.00/hr. without air-con |
| 13. | Boxing room                                    | P 40.00/hr. without air-con  |
| 14. | Taekwondo room                                 | P 40.00/hr. without air-con  |
| 15. | Utility room                                   | P 70.00/hr. without air-con  |
| 16. | Storage room                                   | P 70.00/hr. without air-con  |

Note:

The use of the Antipolo Educational Sports Hub facility is under the Citizen's Charter of the Youth and Sports Coordinating and Development Office, Office of the City Mayor, and City Engineering Office.

|  |               |  |                                                        |  |
|--|---------------|--|--------------------------------------------------------|--|
|  | <b>TOTAL:</b> |  | <b>3 days,<br/>12<br/>hours<br/>and 30<br/>minutes</b> |  |
|--|---------------|--|--------------------------------------------------------|--|

## 5. REQUEST TO ENROLL AT THE JUN-ANDENG YNARES SPORTS CLINIC

The Youth and Sports Coordinating and Development Office (YSCDO) manages the "Jun-Andeng Ynares Sports Clinic" program, a flagship initiative aimed at promoting active lifestyles and fostering athletic development among Antipoleño citizens. This program offers free sports training to interested residents.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                            |                                      |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YSCDO                                                                                                                                                                              |                            |                                      |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                             |                            |                                      |                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                                                                                        |                            |                                      |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Citizens of Antipolo City                                                                                                                                                          |                            |                                      |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    | <b>WHERE TO SECURE</b>     |                                      |                               |
| <ol style="list-style-type: none"> <li>1. Fully accomplished registration form</li> <li>2. 1 x 1 ID Picture</li> <li>3. Photocopy ng Birth Certificate (PSA)</li> <li>4. Photocopy of the child's ID</li> <li>5. Photocopy of the parent's ID</li> </ol>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    | - Client                   |                                      |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>AGENCY ACTION</b>                                                                                                                                                               | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b>           | <b>PERSON<br/>RESPONSIBLE</b> |
| <ol style="list-style-type: none"> <li>1. Go to the Antipolo Educational Sports Hub and submit the necessary requirements to register at the sports clinic.</li> </ol> <ul style="list-style-type: none"> <li>Those who will submit the requirements and want to be included in the Sports Clinic must be accompanied by a parent/ guardian who is of proper age.</li> <li>The registration will start in January for the Batch 1 (January to June).</li> <li>The registration will start in July for the Batch 2 (July to December).</li> </ul> | <ol style="list-style-type: none"> <li>1. Receive the requirements and review them.</li> </ol>                                                                                     | None                       | 10-20 minutes                        | YSCDO - staff Admin Section   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ol style="list-style-type: none"> <li>1.1. YSCDO will provide a waiver to the participant that must be accomplished and signed by both the child and parent/ guardian.</li> </ol> | None                       | One (1) to two (2) hours             | YSCDO - staff Admin Section   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ol style="list-style-type: none"> <li>1.2. Once enrolled, participants will be informed that the training schedule will be posted on the YSCDO Facebook page.</li> </ol>          | None                       | One (1) working day                  | YSCDO - staff Admin Section   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>TOTAL:</b>                                                                                                                                                                      | None                       | <b>3 days<br/>and 10<br/>minutes</b> |                               |



# **Urban Settlement and Development Office External Services**



## 1. ISSUANCE OF CERTIFICATION FOR MERALCO PURPOSES

Members of duly organized homeowners / neighborhood associations may request for certification from the Urban Settlement and Development Office (USDO) in support of their application for electrical connection with MERALCO respectively. Prior to request, the applicant may inquire with USDO if their HOA has an updated record with the City Government to determine what requirements to be submitted upon application for the issuance of certification.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | URBAN SETTLEMENT AND DEVELOPMENT OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G2C – Government to Citizen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Members of homeowners / neighborhood / community associations (CA) with existing MOA with the landowners and endorsements to MERALCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><i>With Existing Record in the Database of USDO:</i></p> <ol style="list-style-type: none"> <li>1. Certificate of Membership signed by the president / Board Resolution of the Authorized Signatory in the absence of the president of the Homeowners Association (HOA) concerned – 1 photocopy</li> <li>2. Barangay Certification – 1 photocopy</li> <li>3. Any government-issued ID card of the HOA President – 1 photocopy</li> <li>4. Any government-issued ID card of the member applicant – 1 photocopy</li> <li>5. Authorization letter (if representative) and any government-issued ID card of the authorized representative – 1 photocopy</li> <li>6. Previously Issued Meralco Certification</li> </ol> <p><i>Without record:</i></p> <ol style="list-style-type: none"> <li>1. Latest General Information Sheet (GIS) if record on file is not updated (with attached publication/result of the conducted election) with DHSUD stamp received– 1 photocopy</li> <li>2. Waiver of former member to substitute, replace, heirs of deceased members, and others (Notarized) – 1 original copy</li> <li>3. Board Resolution for the replacement / correction of name of members (Notarized) – 1 original copy</li> <li>4. SHFC approved/received request for substitution (for CMP take-out projects) – 1 photocopy</li> <li>5. Certificate of Marriage if the applicant is the spouse of the HOA member concerned – 1 photocopy</li> <li>6. Certificate of Marriage, CENOMAR, Death Certificate, Birth Certificate (for the deceased member) – 1 photocopy of each</li> <li>7. By Laws</li> </ol> | <ul style="list-style-type: none"> <li>- President / Board Members of the HOA concerned</li> <li>- Barangay Hall</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</li> <li>- Member Applicant, BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</li> <li>- Applicant</li> <li>- HOA/Neighborhood/community association concerned</li> <li>- Former member</li> <li>- HOA/Neighborhood/community association Concerned/USDO</li> <li>- Social Housing Finance Corporation (SHFC)</li> <li>- Local Civil Registrar's Office / Philippine Statistics Authority (PSA)</li> <li>- Local Civil Registrar's Office / Philippine Statistics Authority (PSA)</li> </ul> |

| <i>With Special Concern:</i><br>LGU Quezon City Relocates<br>1. NHA Certification<br><br>Fire Victim<br>1. BFP Certification Bureau of Fire Protection<br>2. Meralco Bill and Meralco Certification<br>3. Skim Plan / Lot Plan |                                                                                                                                   | - Heirs of the Deceased Member<br>- HOA<br><br>- National Housing Authority (NHA)<br><br>- Bureau of Fire Protection (BFP)<br>- MERALCO<br>- HOA |                   |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------|
| CLIENT STEPS                                                                                                                                                                                                                   | AGENCY ACTION                                                                                                                     | FEES TO BE PAID                                                                                                                                  | PROCESSING TIME   | PERSON RESPONSIBLE           |
| 1. Submit the requirements to USDO.                                                                                                                                                                                            | 1. Receive the requirements and check as to validity.                                                                             | None                                                                                                                                             | 2 minutes         | Receiving Clerk              |
| 1.1 None                                                                                                                                                                                                                       | 1.1 Check the CA and client's record in the database / record on file and provide the database print out to be presented to CPDO. | None                                                                                                                                             | 2 minutes         | Administrative Assistant III |
| 1.2 Secure Order of Payment.                                                                                                                                                                                                   | 1.2 Issue the Order of Payment.                                                                                                   | None                                                                                                                                             | 1 minutes         | USDO Staff                   |
| 2. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at Window 11.                                                                                                                          | 2 . Accept the payment based on the Order of Payment.                                                                             | PHP100.00                                                                                                                                        | 3 minutes         | Revenue Collection Clerk     |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                   | 2.1 Issue the Official Receipt.                                                                                                   | None                                                                                                                                             |                   |                              |
| 3. Return to USDO and show the Official Receipt for the issuance of certification.                                                                                                                                             | 3 . Check the Official Receipt and prepare the Certification.                                                                     | None                                                                                                                                             | 3 minutes         | USDO Staff                   |
| 3.1 None                                                                                                                                                                                                                       | 3.1 Review and sign the Certification.                                                                                            | None                                                                                                                                             | 2 minutes         | USDO Staff / USDO Head       |
| 3.2 Sign in the Release Log Book and receive the Certification.                                                                                                                                                                | 3.2 Request the client to sign in the Release Log Book and issue the Certification.                                               | None                                                                                                                                             | 2 minutes         | Releasing Clerk              |
|                                                                                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                     | <b>PHP100.00</b>                                                                                                                                 | <b>15 minutes</b> |                              |



## 2. ISSUANCE OF ORDER OF PAYMENT FOR MONTHLY AMORTIZATIONS

For payment of monthly amortizations to the City Treasurer's Office, beneficiaries of city-owned relocation sites have to coordinate with the Urban Settlement and Development Office (USDO) to secure Order of Payment.

|                                                                                                     |                                                                                             |                                                                                                                        |                            |                               |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                        | URBAN SETTLEMENT AND DEVELOPMENT OFFICE                                                     |                                                                                                                        |                            |                               |
| <b>CLASSIFICATION:</b>                                                                              | Simple                                                                                      |                                                                                                                        |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                    | G2C – Government to Citizen                                                                 |                                                                                                                        |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                               | Beneficiaries of city-owned relocation sites                                                |                                                                                                                        |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                    |                                                                                             | <b>WHERE TO SECURE</b>                                                                                                 |                            |                               |
| 1. Official Receipt of last payment – 1 photocopy<br>2. Any government-issued ID card – 1 photocopy |                                                                                             | - Client / City Treasurer's Office<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                            |                               |
| <b>CLIENT STEPS</b>                                                                                 | <b>AGENCY ACTION</b>                                                                        | <b>FEES TO<br/>BE PAID</b>                                                                                             | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to USDO.                                                                 | 1. Receive the requirements and check the client's record in the database / record on file. | None                                                                                                                   | 5 minutes                  | USDO Staff                    |
| 1.1 Secure Order of Payment.                                                                        | 1.1 Issue the Order of Payment.                                                             | None                                                                                                                   |                            |                               |
|                                                                                                     | <b>TOTAL:</b>                                                                               | <b>None</b>                                                                                                            | <b>5 minutes</b>           |                               |

### 3. ISSUANCE OF USDO CERTIFICATION

The Urban Settlement and Development Office (USDO) may issue certification to community associations (CAs) that they are duly recognized by the City Government. Such certification is presented to government agencies such as but not limited to the Department of Human Settlement and Urban Development (DHSUD), Registry of Deeds, LRA, SHFC, BIR and city government offices when processing requirement / documentations.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | URBAN SETTLEMENT AND DEVELOPMENT OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G2G – Government to Citizen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Members of homeowners / neighborhood / community associations under the assistance of USDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><i>For CAs with existing record in the database of USDO:</i></p> <ol style="list-style-type: none"> <li>1. Barangay Clearance – 1 photocopy</li> <li>2. HOA Clearance – 1 photocopy</li> <li>3. Any government-issued ID card of the HOA President – 1 photocopy</li> </ol> <p><i>For CAs without record in the database of USDO:</i></p> <ol style="list-style-type: none"> <li>1. DHSUD Registration – 1 photocopy</li> <li>2. Latest General Information Sheet (GIS) if record on file is not updated (with attached publication/result of the conducted election) with DHSUD stamp received– 1 photocopy</li> <li>3. Master List of members – 1 photocopy</li> <li>4. Barangay Certification Acknowledging the Association – Original copy</li> <li>5. Articles of Incorporation – 1 photocopy</li> <li>6. By-Laws – 1 photocopy</li> <li>7. Any government-issued ID card of the HOA President – 1 photocopy with 3 specimen signatures</li> <li>8. Sample HOAI Certification – 1 copy</li> <li>9. MOA / Intent to Buy / Offer to Sell – 1 photocopy</li> </ol> <p><i>Property Information:</i></p> <ol style="list-style-type: none"> <li>10. OCT / TCT</li> <li>11. Tax Declaration</li> <li>12. Tax Map</li> <li>13. Statement of Account</li> <li>14. Deed of Donation</li> </ol> | <ul style="list-style-type: none"> <li>- Barangay Hall</li> <li>-Homeowners Association (HOA) President</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)</li> </ul><br><ul style="list-style-type: none"> <li>- DHSUD</li> <li>- DHSUD / HOA</li> </ul><br><ul style="list-style-type: none"> <li>- HOA</li> <li>- Barangay Hall</li> </ul><br><ul style="list-style-type: none"> <li>- DHSUD</li> <li>- DHSUD</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)</li> </ul><br><ul style="list-style-type: none"> <li>- HOA</li> <li>- Landowner / HOA</li> </ul><br><ul style="list-style-type: none"> <li>- Registry of Deeds (RD)</li> <li>- City Assessor's Office</li> <li>- City Assessor's Office</li> <li>- City Treasurer's Office</li> <li>- Landowner / Sangguniang Panlungsod</li> </ul> |

| CLIENT STEPS                                                                                          | AGENCY ACTION                                                                       | FEES TO BE PAID  | PROCESSING TIME   | PERSON RESPONSIBLE           |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|-------------------|------------------------------|
| 1. Submit the requirements to USDO.                                                                   | 1. Receive the requirements.                                                        | None             | 2 minutes         | Receiving Clerk              |
| 1.1 None                                                                                              | 1.1 Check the CA and the client's record in the data base / record on file.         | None             | 2 minutes         | Administrative Assistant III |
| 1.2 Secure Order of Payment.                                                                          | 1.2 Issue the Order of Payment.                                                     | None             | 1 minute          | USDO Staff                   |
| 2. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at Window 11. | 2. Accept the payment based on the Order of Payment.                                | PHP100.00        | 3 minutes         | Revenue Collection Clerk     |
| 2.1 Secure Official Receipt.                                                                          | 2.1 Issue the Official Receipt.                                                     | None             |                   |                              |
| 3. Return to USDO and show the Official Receipt for the issuance of certification.                    | 3. Check the Official Receipt and prepare the Certification.                        | None             | 3 minutes         | USDO Staff                   |
| 3.1 None                                                                                              | 3.1 Review and sign the Certification.                                              | None             | 2 minutes         | USDO Staff / USDO Head       |
| 3.2 Sign in the Release Log Book and receive the Certification.                                       | 3.2 Request the client to sign in the Release Log Book and issue the Certification. | None             | 2 minutes         | Releasing Clerk              |
|                                                                                                       | <b>TOTAL:</b>                                                                       | <b>PHP100.00</b> | <b>15 minutes</b> |                              |

#### 4. ISSUANCE OF CERTIFICATION FOR REGISTRATION / UPDATING TO THE DEPARTMENT OF HUMAN SETTLEMENT AND URBAN DEVELOPMENT (DHSUD)

Community associations may request from the Urban Settlement and Development Office (USDO) for certification that they had conducted election of officers prior to their application for registration or updating of their records with the DHSUD.

| <b>OFFICE/DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | URBAN SETTLEMENT AND DEVELOPMENT OFFICE                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Simple                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | G2G – Government to Government                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Homeowners, neighborhood /community associations under the assistance of USDO |                                                                                                                                                                                                                                                                                                                                                                                                               |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                               |
| 1. Articles of Incorporation – 1 photocopy<br>2. By-Laws – 1 photocopy<br>3. Incorporators' Resolution – 1 photocopy<br>4. Certification from the government agency that covers the project – 1 photocopy<br>5. Notarized Code of Ethics – 1 photocopy<br>6. Board of Resolution Adopting the Code of Ethics – 1 photocopy<br>7. Minutes of meeting about the formation of the HOA – (Quorum) 1 photocopy<br>8. Approved Subd. Plan (Certified true copy)– 1 photocopy<br>and/or Building/Site Plan<br>9. Schematic Plan – 1 photocopy<br>and/or Vicinity Map<br><br><i>For CAs with existing record in the database of USDO:</i><br>1. Barangay Clearance – 1 photocopy<br>2. HOA Clearance – 1 photocopy<br>3. Any government-issued ID card of the HOA President – 1 photocopy<br><br><i>For CAs without record in the database of USDO:</i><br>1. DHSUD Registration – 1 photocopy<br>2. Latest General Information Sheet (GIS) if record on file is not updated (with attached publication/result of the conducted election) with DHSUD stamp received– 1 photocopy<br>3. Master List of members – 1 photocopy<br>4. Barangay Certification Acknowledging the Association – Original copy |                                                                               | - DHSUD<br>- DHSUD<br>- DHSUD<br>-<br><br>- Notary Public<br>- Applicant CA<br><br>- Applicant CA<br><br>- Office of the Building Official<br><br>- Geodetic Engineer<br><br><br>- Barangay Hall<br>- Homeowners Association (HOA) President<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>- DHSUD<br>- DHSUD/HOA<br><br>- HOA<br>- Barangay Hall<br><br>- DHSUD |

| 5. Articles of Incorporation – 1 photocopy<br>6. By-Laws – 1 photocopy<br>7. Any government-issued ID card of the HOA President – 1 photocopy with 3 specimen signatures<br>8. Sample HOAI Certification – 1 copy<br>9. MOA / Intent to Buy / Offer to Sell – 1 photocopy<br><br><i>Property Information:</i><br>10. OCT / TCT – 1 photocopy<br>11. Tax Declaration – 1 photocopy<br>12. Tax Map – 1 photocopy<br>13. Statement of Account – Original copy<br>14. Deed of Donation – 1 photocopy |                                                       | - DHSUD<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>- HOA<br>- Landowner / HOA<br><br>- Registry of Deeds (RD)<br>- City Assessor's Office<br>- City Assessor's Office<br>- City Treasurer's Office<br>- Landowner / Sangguniang Panlungsod |                 |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                         | FEES TO BE PAID                                                                                                                                                                                                                                                                            | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements to USDO.                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Receive the requirements and check as to validity. | None                                                                                                                                                                                                                                                                                       |                 | Receiving Clerk          |
| 1.1 None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.1 Review the documents and provide findings.        | None                                                                                                                                                                                                                                                                                       |                 | USDO Staff               |
| 1.2 Secure Order of Payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.2 Issue the Order of Payment.                       | None                                                                                                                                                                                                                                                                                       |                 | USDO Staff               |
| 2. Pay the required fees to the City Treasurer's Office by showing the Order of Payment at Window 11.                                                                                                                                                                                                                                                                                                                                                                                            | 2. Accept the payment based on the Order of Payment.  | PHP 300.00 – 3 Certifications (List of Officers, List of Members, and Property Details)<br><br>None                                                                                                                                                                                        | 5 minutes       | Revenue Collection Clerk |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2.1 Issue the Official Receipt.                       |                                                                                                                                                                                                                                                                                            |                 |                          |

|                                                                                    |                                                                                     |                                                                                                |                   |                        |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------|------------------------|
| 3. Return to USDO and show the Official Receipt for the issuance of certification. | 3. Check the Official Receipt and prepare the Certifications:                       | None                                                                                           | 13 minutes        | USDO Staff             |
|                                                                                    | a. Certification for the List of Officers                                           |                                                                                                |                   |                        |
|                                                                                    | b. Certification for the List of Members                                            |                                                                                                |                   |                        |
|                                                                                    | c. Certification for the Property Details                                           | None                                                                                           | 2 minutes         | USDO Staff / USDO Head |
| 3.1 None                                                                           | 3.1 Review and sign the Certification.                                              |                                                                                                |                   |                        |
| 3.2 Sign in the Release Log Book and receive the Certification.                    | 3.2 Request the client to sign in the Release Log Book and issue the Certification. | None                                                                                           | 2 minutes         | Releasing Clerk        |
|                                                                                    | <b>TOTAL:</b>                                                                       | <b>PHP 300.00 – 3 Certifications (List of Officers, List of Members, and Property Details)</b> | <b>40 minutes</b> |                        |



## **City Legal Office External Office**



## 1. INVESTIGATION, HEARING, AND RESOLUTION OF ADMINISTRATIVE COMPLAINT/CASE

The City Legal Office shall investigate or cause to investigate any City Government of Antipolo official or employee for administrative offense and recommend appropriate action to the City Mayor. **(Art. 11, Section 481(b)(3)(iv) of the Local Government Code; Section 9 of 2025 Rules on Administrative Cases in the Civil Service, Executive Order No. 04, S. 2014, Executive Order No. 21, S. 2014, and Executive Order No. 01, S. 2016).**

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                | CITY LEGAL OFFICE                                                                                                                                       |                                             |                    |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                      | Highly Technical                                                                                                                                        |                                             |                    |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                            | G2G- Government to Government and G2G- Government to Client                                                                                             |                                             |                    |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                       | City Government of Antipolo officials, employees, and other relevant interested parties.                                                                |                                             |                    |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                   |                                                                                                                                                         | WHERE TO SECURE                             |                    |                       |
| 1. Written, subscribed, and sworn Complaint or Valid Anonymous Complaint pursuant to Section 11 <sup>1</sup> and 12 <sup>2</sup> of the 2025 Rules on Administrative Cases in the Civil Service (RACCS); or |                                                                                                                                                         | Client                                      |                    |                       |
| 2. Endorsement from the City Human Development Office                                                                                                                                                       |                                                                                                                                                         | City Human Resource and Development Office; |                    |                       |
| CLIENT STEPS                                                                                                                                                                                                | AGENCY ACTION                                                                                                                                           | FEES TO<br>BE PAID                          | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Submits verified complaint or a valid anonymous complaint with documentary attachments.                                                                                                                  | 1. Receives the verified complaint-affidavit and checks completeness of documentary attachments.                                                        | None                                        | 5 minutes          | Receiving Clerk       |
|                                                                                                                                                                                                             | 1.1 Records, classifies, and check validity of the verified complaint or anonymous complaint received in accordance Section 11 and 12 of the 2025 RACCS | None                                        | 3 working days     | Designated Officer    |



<sup>1</sup> **Section 11.** Requisites of a Valid Complaint. No complaint against an official or employee shall be given due course unless the same is in writing, subscribed and sworn to by the complainant. The complaint shall be written in a clear, simple and concise language and in a systematic manner as to apprise the person complained of, of the nature and cause of the accusation and to enable the person complained of to intelligently prepare a defense or answer/comment. x x x

<sup>2</sup> **Section 12.** Anonymous Complaint. No anonymous complaint shall be entertained unless the alleged act/s or omission/s complained of is/are: a. of public knowledge; b. verifiable; c. shown by documentary or direct evidence sufficient to establish reasonable ground to believe that the person complained of committed the offense; or d. reported anonymously and investigated by an agency and is referred to the Commission or any CSC ROs. For this purpose, the agency which made the referral shall be considered a nominal complainant, and the verification of the complaint as well as submission of Certificate of Non-Forum Shopping will no longer be required.

|  |                                                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
|--|-----------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|  | 1.2 Assigns the administrative complaint to an investigating officer. | None        | 5 minutes                                                                                                                                                                                                                                                                                                                                                                                       | Designated Officer/Personnel                             |
|  | 1.3 Conducts the administrative proceedings based on the 2025 RACCS.  | None        | Period prescribed by the 2025 RACCS, subject to <b>exceptions</b> in meritorious circumstance, as determined by the disciplining authority                                                                                                                                                                                                                                                      | Handling lawyer/ Investigating Officer / Hearing Officer |
|  | <b>TOTAL:</b>                                                         | <b>NONE</b> | <b>3 Working days and 10 minutes.</b><br><b>(From receipt of the verified administrative complaint up to its assignment to an investigating officer.)</b><br>Total turnaround time for the administrative proceedings shall be based on the period prescribed by the 2025 RACCS, subject to exceptions in meritorious circumstances, as determined by the disciplining authority <sup>3</sup> . |                                                          |

<sup>3</sup> **DISCIPLINING AUTHORITY** - refers to the person or body within an agency or department duly authorized by law to investigate infractions, impose disciplinary actions, and enforce civil service laws, rules, and regulations.

## 2. ISSUANCE OF CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE

For requests by the City Government of Antipolo officials or employees seeking Certifications of No Pending Administrative Case for clearance or loan purposes. **(Art. 11, Section 48i(b)(3)(iv) of the Local Government Code; Section 9 of 2025 Rules on Administrative Cases in the Civil Service).**

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                   | City Legal Office                                                           |                                            |                 |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|-----------------|-------------------------------------------------|
| <b>CLASSIFICATION<br/>:</b>                                                                                                                                                                                                                    | Simple                                                                      |                                            |                 |                                                 |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                               | G2C - Government to Client and<br>G2G - Government to Government            |                                            |                 |                                                 |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                          | City Government of Antipolo Officials and employees                         |                                            |                 |                                                 |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                      |                                                                             | WHERE TO SECURE                            |                 |                                                 |
| Request form:<br>1) <i>Request for Clearance/Certification Form</i> (General Clearance/Certification); or 2) <i>Request for Certification and Signing of General Clearance Form</i> (for retirement, terminal leave, resignation or transfer). |                                                                             | City Human Resource and Development Office |                 |                                                 |
| CLIENT STEPS                                                                                                                                                                                                                                   | AGENCY ACTION                                                               | FEES TO BE PAID                            | PROCESSING TIME | PERSON RESPONSIBLE                              |
| 1. Submits request form with complete documentary requirements.                                                                                                                                                                                | 1.Receives and checks completeness of request and documentary requirements. | None                                       | 5 minutes       | Receiving Clerk                                 |
|                                                                                                                                                                                                                                                | 1.1 Encodes in the Docket                                                   | None                                       | 3 minutes       | Assigned staff Trial and Investigation Division |

|  |                                                  |      |                                                                                                                                                                                                                                                             |                                                 |
|--|--------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|  | 1.2 Verifies records and prepares Certification. | None | 3 minutes<br><i>(May get extended if the concerned personnel have a recorded case or a pending/ active administrative case. In such instances, further verification as to the current status of the case is made and the requesting party is informed.)</i> | Assigned staff Trial and Investigation Division |
|--|--------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|

|                                          |                                                                                         |             |                                      |                                                 |
|------------------------------------------|-----------------------------------------------------------------------------------------|-------------|--------------------------------------|-------------------------------------------------|
|                                          | 1.3 Initials on the Certification and endorses to the City Legal Officer for signature. | None        | 5 minutes                            | Assigned staff Trial and Investigation Division |
|                                          | 1.4 Approves and signs the Certification.                                               | None        | 1 to 2 working days                  | City Legal Officer                              |
| 2. Receives the requested Certification. | 2. Releases the Certification to the requesting party.                                  | None        | 2 minutes                            | Releasing Clerk                                 |
|                                          | <b>TOTAL</b>                                                                            | <b>NONE</b> | <b>2 working days and 18 minutes</b> |                                                 |

*\*The City Legal Office aims to issue the Certificate on the same day as the request was received. However, if the signing authority or alternate signatories are unavailable, the Certificate will be released on the next business day ensuring that the Certificate is released within three business days from the date of the request.*



# **Antipolo City Public Library External Services**



## 1. REFERENCE & INFORMATION SERVICES

The Antipolo City Library houses different reading and reference materials available for reading and research purposes. This includes References, Antipolo City ordinances, Filipiniana and Antipoleonian Materials, thesis, dissertation, manuals, dictionaries, periodicals, pocketbooks (novels, fictions), children's books and the like. Any individual who wishes to access and use library resources is required to register first in order to avail of the service without fees. Note: NO NOON BREAK.

|                                                                          |                                                                                                                                                                                                                                               |                                                                                                |                    |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------|
| OFFICE/ DIVISION:                                                        | Office of the City Librarian (Hundred Division Books Area)                                                                                                                                                                                    |                                                                                                |                    |
| CLASSIFICATION:                                                          | Simple                                                                                                                                                                                                                                        |                                                                                                |                    |
| TYPES OF TRANSACTION:                                                    | G2G (Government to Citizen)                                                                                                                                                                                                                   |                                                                                                |                    |
| WHO MAY AVAIL:                                                           | General Public                                                                                                                                                                                                                                |                                                                                                |                    |
| CHECKLIST OF REQUIREMENTS                                                |                                                                                                                                                                                                                                               | WHERE TO SECURE                                                                                |                    |
| 1. Valid ID (School ID, Government-Issued ID, etc.)                      |                                                                                                                                                                                                                                               | -Clientele<br>-Schools<br>-PSA, SSS, GSIS, LTO, HDMF, Philhealth, Barangay Halll, BIR, Comelec |                    |
| PROCESS OF AVAILING THE SERVICE:                                         |                                                                                                                                                                                                                                               |                                                                                                |                    |
| CLIENT STEPS                                                             | AGENCY ACTION                                                                                                                                                                                                                                 | PROCESSING TIME                                                                                | PERSON RESPONSIBLE |
| 1. Proceed to Registration Area                                          | Assist the client where to log information needed in the logbook                                                                                                                                                                              | 1 Minute                                                                                       | Personnel on Duty  |
| 2. Ask the client what service they need: External or Internal Services? | <u>External Service:</u><br>Assist the client where to find books they need, Physical Books or Electronic Books.<br><br><u>Internal Service:</u><br><br>Assist the client where to go and who to find or talk to regarding internal services. | 3 to 5 Minutes                                                                                 | Personnel on Duty  |
|                                                                          | Total                                                                                                                                                                                                                                         | 6 minutes                                                                                      |                    |

## 2. READING AND STUDY AREA

The reading area is open to all regular readers and reviewers. Readers can bring their own reading materials or electronic gadgets or borrow one or more books from the agency.

|                                                                                                                                                                                           |                                                                                 |                                                                                                               |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|
| OFFICE/ DIVISION:                                                                                                                                                                         | Office of the City Librarian (Reading & Study Area )                            |                                                                                                               |                                    |
| CLASSIFICATION:                                                                                                                                                                           | Simple                                                                          |                                                                                                               |                                    |
| TYPES OF TRANSACTION:                                                                                                                                                                     | G2G (Government to Citizen)                                                     |                                                                                                               |                                    |
| WHO MAY AVAIL:                                                                                                                                                                            | General Public                                                                  |                                                                                                               |                                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                 |                                                                                 | WHERE TO SECURE                                                                                               |                                    |
| 1. Valid ID (School ID, Government-Issued ID, etc.)                                                                                                                                       |                                                                                 | -Clientele<br>-Schools<br>-PSA, SSS, GSIS, LTO, HDMF, Philhealth, Barangay Hall, BIR, Comelec (gov't. record) |                                    |
| PROCESS OF AVAILING THE SERVICE:                                                                                                                                                          |                                                                                 |                                                                                                               |                                    |
| CLIENT STEPS                                                                                                                                                                              | AGENCY ACTION                                                                   | PROCESSING TIME                                                                                               | PERSON RESPONSIBLE                 |
| 1. Proceed to Registration Area<br><br>a. If the client brings their own book or gadget or laptop, they must inform the registration personnel so that it can be recorded in the logbook. | Assist the client where to log information needed in the logbook                | 1 Minute                                                                                                      | Personnel on Duty                  |
| 2. Ask the client what they need                                                                                                                                                          | Assist the client where they can read or review or research or do they homework | 3 Minutes                                                                                                     | Personnel on Duty                  |
| 3.Leave the book at the registration area.<br>After used clients must returned the books to the registration                                                                              | ACPL Staff will place it on its proper section.                                 | 2 Minutes                                                                                                     | Personnel on Duty<br>And Clientele |
|                                                                                                                                                                                           | Total                                                                           | 6 minutes                                                                                                     |                                    |

### 3. BORROWING AND RETURNING BOOKS

Our agency supports the personnel development thrust of the city government by allowing the general public to borrow books and other reading materials for their studies, research, special assignments, etc. for a specific period of time. After use, the borrowed books/reading materials shall be returned to our agency no later than the date stated in the Borrower's logbook.

*Note: Books with only one copy, such as the History of Antipolo or other similar titles, are not to be borrowed or taken out of the office.*

|                                                                                                     |                                                                                                                                                                                            |                                                                                               |                                 |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------|
| OFFICE/ DIVISION:                                                                                   | Office of the City Librarian (Borrowing and Returning Books )                                                                                                                              |                                                                                               |                                 |
| CLASSIFICATION:                                                                                     | Simple                                                                                                                                                                                     |                                                                                               |                                 |
| TYPES OF TRANSACTION:                                                                               | G2G (Government to Citizen)                                                                                                                                                                |                                                                                               |                                 |
| WHO MAY AVAIL:                                                                                      | General Public                                                                                                                                                                             |                                                                                               |                                 |
| CHECKLIST OF REQUIREMENTS                                                                           |                                                                                                                                                                                            | WHERE TO SECURE                                                                               |                                 |
| 1. Valid ID (School ID, Government-Issued ID, etc.)                                                 |                                                                                                                                                                                            | -Clientele<br>-Schools<br>-PSA, SSS, GSIS, LTO, HDMF, Philhealth, Barangay Hall, BIR, Comelec |                                 |
| PROCESS OF AVAILING THE SERVICE:                                                                    |                                                                                                                                                                                            |                                                                                               |                                 |
| CLIENT STEPS                                                                                        | AGENCY ACTION                                                                                                                                                                              | PROCESSING TIME                                                                               | PERSON RESPONSIBLE              |
| 1.Proceed to Registration Area                                                                      | Assist the client where to log information needed in the logbook.                                                                                                                          | 1 Minute                                                                                      | Personnel on Duty               |
| 2. Ask the client what they need                                                                    | Assist the client where to find the books they need to borrow                                                                                                                              | 3 to 10 Minutes                                                                               | Personnel on Duty               |
| 3. Please register the book you wish to borrow with the registration staff.                         | Have the client register or record in the Borrower's Logbook the books to be borrowed by the staff on duty in the registration area and indicate when they will be returned.               | 3 to 5 Minutes                                                                                | Personnel on Duty               |
| 4. Leave an identification document or valid ID with the registration personnel to borrow the book. | The personnel on duty will accept the valid ID left by the client borrowing the book or if he/she cannot show any valid ID, we will simply take his/her picture and his/her contact number | 2 Minutes                                                                                     | Personnel on Duty And Clientele |

|                                                                                                                |                                                                                                                                                                         |                   |                                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------|
|                                                                                                                |                                                                                                                                                                         |                   |                                       |
| 5. Client returns borrowed books                                                                               | Personnel on duty in the registration area will check the books borrowed for completeness and will make a remark in the logbook before returning the client's valid ID. | 2<br>Minutes      | Personnel on Duty<br>And<br>Clientele |
| 6. After used clients must returned the books to the registration)<br>Leave the book at the registration area. | ACPL Staff will place it in its proper section.                                                                                                                         | 2<br>Minutes      | Personnel on Duty<br>And<br>Clientele |
|                                                                                                                | <b>Total</b>                                                                                                                                                            | <b>22 minutes</b> |                                       |



#### 4. COMPUTER AND INTERNET ACCESS

Inside the library, we continue to remind and monitor computer and internet access users to be responsible in their use. We do not allow them to visit or download websites that are inappropriate or helpful in their research for their assignments and others. We do not limit their time when using it unless there are many users. Protect your privacy and do not share personal information such as passwords, addresses or phone numbers. Always log out of your accounts after using the computer. When using the printer, you must ask the library personnel so that they can assist you in using it free of charge.

|                                                                                                            |                                                                                                         |                                                                                               |                                 |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------|
| OFFICE/ DIVISION:                                                                                          | Office of the City Librarian (Computer and Internet Access Area )                                       |                                                                                               |                                 |
| CLASSIFICATION:                                                                                            | Simple                                                                                                  |                                                                                               |                                 |
| TYPES OF TRANSACTION:                                                                                      | G2G (Government to Citizen)                                                                             |                                                                                               |                                 |
| WHO MAY AVAIL:                                                                                             | General Public                                                                                          |                                                                                               |                                 |
| CHECKLIST OF REQUIREMENTS                                                                                  |                                                                                                         | WHERE TO SECURE                                                                               |                                 |
| 1. Valid ID (School ID, Government-Issued ID, etc.)                                                        |                                                                                                         | -Clientele<br>-Schools<br>-PSA, SSS, GSIS, LTO, HDMF, Philhealth, Barangay Hall, BIR, Comelec |                                 |
| PROCESS OF AVAILING THE SERVICE:                                                                           |                                                                                                         |                                                                                               |                                 |
| CLIENT STEPS                                                                                               | AGENCY ACTION                                                                                           | PROCESSING TIME                                                                               | PERSON RESPONSIBLE              |
| 1. Proceed to Registration Area                                                                            | Assist the client where to log information needed in the logbook                                        | 1 Minute                                                                                      | Personnel on Duty               |
| 2. Ask the client what they need                                                                           | Assist the client to the computer area which computer or laptop they can be use or available            | 2 Minutes                                                                                     | Personnel on Duty               |
| 3. Using computer, laptop and Wifi connection inside the library                                           | Free use of computer, laptop and Wi-Fi connection.                                                      | 3 Minutes                                                                                     | Personnel on Duty and Clientele |
| 4. Clients who prefer to use their own gadgets to connect ACPL Wi-fi                                       | Clients can connect to ACPL WI-FI for FREE by scanning the QR code posted near the registration area.   | 1 Minute                                                                                      | Clientele                       |
| 5. Using the printer in the library                                                                        | Ask the library personnel for free printing of your assignments or documents you need for your studies. | 1 Minute                                                                                      | Personnel on Duty And Clientele |
| 6. After used clients must returned the books to the registration Leave the book at the registration area. | ACPL Staff will place it in its proper section.                                                         | 2 Minutes                                                                                     | Personnel on Duty And Clientele |
|                                                                                                            | Total                                                                                                   | 10 minutes                                                                                    |                                 |

## 5. PROGRAMS AND ACTIVITIES (Onsite Access and Off Site)

### ONSITE ACCESS

The library allows clients to use it for their programs and activities held here because one of its goals is to encourage children, youth and adults to love reading, value the future of every child and stimulate Filipino creativity.

|                                                                                                  |                                                                                                                      |                                                                                               |                    |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|
| OFFICE/ DIVISION:                                                                                | Office of the City Librarian                                                                                         |                                                                                               |                    |
| CLASSIFICATION:                                                                                  | Simple                                                                                                               |                                                                                               |                    |
| TYPES OF TRANSACTION:                                                                            | G2G (Government to Citizen)                                                                                          |                                                                                               |                    |
| WHO MAY AVAIL:                                                                                   | General Public                                                                                                       |                                                                                               |                    |
| CHECKLIST OF REQUIREMENTS                                                                        |                                                                                                                      | WHERE TO SECURE                                                                               |                    |
| 1. Valid ID (School ID, Government-Issued ID, etc.)                                              |                                                                                                                      | -Clientele<br>-Schools<br>-PSA, SSS, GSIS, LTO, HDMF, Philhealth, Barangay Hall, BIR, Comelec |                    |
| PROCESS OF AVAILING THE SERVICE:                                                                 |                                                                                                                      |                                                                                               |                    |
| CLIENT STEPS                                                                                     | AGENCY ACTION                                                                                                        | PROCESSING TIME                                                                               | PERSON RESPONSIBLE |
| 1. Proceed to Registration Area                                                                  | Assist the client where to log information needed in the logbook                                                     | 1 Minute                                                                                      | Personnel on Duty  |
| 2. Ask the client what they need                                                                 | Assist the client to communicate to the library official for permission to use the space                             | 3 Minutes                                                                                     | Officer-In-Charge  |
| 3. Use of library premises such as storytelling, short-film making, Arts and Crafts, Brain Games | Free use of the library is permitted for programs and activities by clients who do not disrupt other users.          | 1 Minutes                                                                                     | Clientele          |
| 4. Antipolo History, Arts and Culture (AHAC)                                                     | Continuous collection of materials for the expansion of the history, arts and culture of the city of Antipolo.(AHAC) | On-Going process                                                                              | Clientele          |

## 6. OFF SITE ACCESS

Off-site programs of the public library are important because they bring knowledge, strengthen the community, increase literacy, provide equal opportunity, promote culture, and serve those in need.

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                  |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|
| OFFICE/ DIVISION:                                                                                                                                                                                                                                                                                                                                               | Office of the City Librarian                                                                             |                                                                  |                                      |
| CLASSIFICATION:                                                                                                                                                                                                                                                                                                                                                 | Simple                                                                                                   |                                                                  |                                      |
| TYPES OF TRANSACTION:                                                                                                                                                                                                                                                                                                                                           | G2G (Government to Citizen)                                                                              |                                                                  |                                      |
| WHO MAY AVAIL:                                                                                                                                                                                                                                                                                                                                                  | General Public                                                                                           |                                                                  |                                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                       |                                                                                                          | WHERE TO SECURE                                                  |                                      |
| Programs Implemented Outside the Office <ul style="list-style-type: none"><li>- Public Library Day (March)</li><li>- National Heritage Month (May)</li><li>- National Children's Month (October)</li><li>- National Book Month (November)</li><li>- Outreach Programs and special programs for inclusivity</li><li>- Caravan and Digital storytelling</li></ul> |                                                                                                          |                                                                  |                                      |
| PROCESS OF AVAILING THE SERVICE:                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                  |                                      |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                                                            | PROCESSING TIME                                                  | PERSON RESPONSIBLE                   |
| 1.Participants proceed to Registration Area                                                                                                                                                                                                                                                                                                                     | Assist the client where to log information needed in the logbook or attendance                           | 1 Minute or depending on the number of participants              | Library Staff (Registration Area)    |
| 2. Listen and participate in the library's prepared programs                                                                                                                                                                                                                                                                                                    | Give value to everyone who participates in the external program, including providing equal opportunities | 2 to 4 Hours                                                     | Officer-In-Charge And Library Staffs |
|                                                                                                                                                                                                                                                                                                                                                                 | Total                                                                                                    | 2 to 4 hours 1 minute or depending on the number of participants |                                      |

## 7. ONLINE SERVICES

### 7.1. eResources/ eBooks

The library is not just about physical books but also vast collection of electronic books (eBooks) or electronic Resources (eResources) that are available through the TECHNO-AKLATAN (by National Library of the Philippines), STARBOOKS (by Department of Science and Technology-DOST) AND BOOKSHARE (by Benetech Initiative) platforms. The use of eBooks or eResources helps reduce the use of paper which contributes to environmental protection. Thousands of books can be searched on one device. These are frequently updated so the information is more up-to-date compared to printed books

|                                                              |                                                                     |                                                                                               |                    |
|--------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|
| OFFICE/ DIVISION:                                            | Office of the City Librarian                                        |                                                                                               |                    |
| CLASSIFICATION:                                              | Simple                                                              |                                                                                               |                    |
| TYPES OF TRANSACTION:                                        | G2G (Government to Citizen)                                         |                                                                                               |                    |
| WHO MAY AVAIL:                                               | General Public                                                      |                                                                                               |                    |
| CHECKLIST OF REQUIREMENTS                                    |                                                                     | WHERE TO SECURE                                                                               |                    |
| 1. Valid ID (School ID, Government-Issued ID, etc.)          |                                                                     | -Clientele<br>-Schools<br>-PSA, SSS, GSIS, LTO, HDMF, Philhealth, Barangay Hall, BIR, Comelec |                    |
| PROCESS OF AVAILING THE SERVICE:                             |                                                                     |                                                                                               |                    |
| CLIENT STEPS                                                 | AGENCY ACTION                                                       | PROCESSING TIME                                                                               | PERSON RESPONSIBLE |
| 1.Proceed to Registration Area)                              | Assist the client where to log information needed in the logbook    | 1 Minute                                                                                      | Personnel on Duty  |
| 2. Ask the client what they need                             | Assist the client on how to access eBooks or eResources             | 1 Minute                                                                                      | Personnel on Duty  |
| 3.Using the printer in the library                           | Ask library personnel for free printing using eBooks or eResources. | 2 Minutes                                                                                     | Personnel of Duty  |
| 4. 20 units of laptop dedicated for students and researchers | Loaning of 20 units of Laptops to students and researchers.         | 2 Minutes                                                                                     | Personnel of Duty  |
|                                                              | Total                                                               | 6 minutes                                                                                     |                    |

## 7.2. Multimedia Linkages and networking

The library service is to expand its interaction with various sectors and strengthen the community and promote collaboration. to reach more people. The library also uses social media such as Tiktok, Instagram, website, Fb Page to disseminate information about services and programs.

|                                                  |                                                                                                                              |                   |                    |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| OFFICE/ DIVISION:                                | Office of the City Librarian                                                                                                 |                   |                    |
| CLASSIFICATION:                                  | Simple                                                                                                                       |                   |                    |
| TYPES OF TRANSACTION:                            | G2G (Government to Citizen)                                                                                                  |                   |                    |
| WHO MAY AVAIL:                                   | General Public                                                                                                               |                   |                    |
| CHECKLIST OF REQUIREMENTS                        |                                                                                                                              | WHERE TO SECURE   |                    |
| FB Page<br>Tiktok<br>Instagram                   |                                                                                                                              | ACPL social Media |                    |
| PROCESS OF AVAILING THE SERVICE:                 |                                                                                                                              |                   |                    |
| CLIENT STEPS                                     | AGENCY ACTION                                                                                                                | PROCESSING TIME   | PERSON RESPONSIBLE |
| 1.Find the Facebook Page, TikTok, and Instagram. | Make sure information is easily accessible on various social media platforms.                                                |                   | Person in charge   |
|                                                  | Actively monitor social media for inquiries and feedback.                                                                    |                   |                    |
|                                                  | Provide updates on service delivery                                                                                          |                   |                    |
|                                                  | Integrate chatbots to provide instant answers to frequently asked questions. Guide clients through the process step by step. |                   |                    |
|                                                  | Provide a dedicated channel for complaints and suggestions.                                                                  |                   |                    |

## B. Acquisition

### b.1. ACCEPTANCE OF DONATION (Books, Serials, Theses, Dissertations and other Library Materials)

The ACPL accepts books and other library materials that are deemed beneficial to its library users. The library materials donations will strengthen and augment its existing collections.

|                                                                                                      |                                                                                                                                              |                                                                                                |                                 |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------|
| OFFICE/ DIVISION:                                                                                    | Office of the City Librarian                                                                                                                 |                                                                                                |                                 |
| CLASSIFICATION:                                                                                      | Simple                                                                                                                                       |                                                                                                |                                 |
| TYPES OF TRANSACTION:                                                                                | G2G (Government to Citizen)                                                                                                                  |                                                                                                |                                 |
| WHO MAY AVAIL:                                                                                       | General Public                                                                                                                               |                                                                                                |                                 |
| CHECKLIST OF REQUIREMENTS                                                                            |                                                                                                                                              | WHERE TO SECURE                                                                                |                                 |
| 1. Valid ID (School ID, Government-Issued ID, etc.)                                                  |                                                                                                                                              | -Clientele<br>-Schools<br>-PSA, SSS, GSIS, LTO, HDMF, Philhealth, Barangay Halll, BIR, Comelec |                                 |
| PROCESS OF AVAILING THE SERVICE:                                                                     |                                                                                                                                              |                                                                                                |                                 |
| CLIENT STEPS                                                                                         | AGENCY ACTION                                                                                                                                | PROCESSING TIME                                                                                | PERSON RESPONSIBLE              |
| 1.Proceed to Registration Area                                                                       | Assist the client with recording the information needed in the logbook if he or she donates books or other materials for use in the library. | 1 Minute                                                                                       | Personnel on Duty               |
| 2. Ask the client if he or she can be photographed for the documentation process                     | Assist the client with the process of donating their book or other materials for use in the library.                                         | 1 Minute                                                                                       | Personnel on Duty               |
| 5. Posting using the ACPL FB page for all those who donated to the library who want to be published) | Assist those who donated their books or other materials to arrange for their pictorial before posting it on the ACPL FB page.                | 2 Minutes                                                                                      | Personnel of Duty And Clientele |
|                                                                                                      | Total                                                                                                                                        | 4 minutes                                                                                      |                                 |

## b.2. PROCUREMENT OF BOOKS AND OTHER FORMS OF LIBRARY MATERIALS

This process of selecting and obtaining books and other forms of library materials through purchase Procurement of library resources shall be governed by Republic Act 9184 and its 2016 Revised Implementing Rules and Regulations.

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                                                                  |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                      | Office of the City Librarian                                                                                                                                                                                              |                                                                                                                                                                                                                  |                                    |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                        | Complex                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |                                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                  | G2G (Government to Government)<br>G2G (Government to Citizen)                                                                                                                                                             |                                                                                                                                                                                                                  |                                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                         | Local Government Agency                                                                                                                                                                                                   |                                                                                                                                                                                                                  |                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                           | <b>WHERE TO SECURE</b>                                                                                                                                                                                           |                                    |
| <b>Legal Documents:</b><br>Purchase Request (PR),<br>Approved Annual Procurement Plan (AAPP)<br>Purchase Order (PO)<br>Obligation Request (OBR)<br>Certification on Appropriations, Funds and<br>Obligation of Allotment (CAFOA)<br>Disbursement Voucher (DV) |                                                                                                                                                                                                                           | <ul style="list-style-type: none"><li>- Mayor's Office</li><li>- Budget Office</li><li>- City Planning Dev't. Office</li><li>- Accounting Office</li><li>- Procurement Office</li><li>- Library Office</li></ul> |                                    |
| <b>PROCESS OF AVAILING:</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                                                                                  |                                    |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                           | <b>AGENCY ACTION</b>                                                                                                                                                                                                      | <b>PROCESSING TIME</b>                                                                                                                                                                                           | <b>PERSON RESPONSIBLE</b>          |
|                                                                                                                                                                                                                                                               | Prepare Purchase Request (PR) with the appropriate specifications of the items requested.                                                                                                                                 | 1 day                                                                                                                                                                                                            | Adm. Staff                         |
|                                                                                                                                                                                                                                                               | Forward signed Purchase Request (PR) to Procurement office for validation before PR numbering.                                                                                                                            | 1 day                                                                                                                                                                                                            | Library Staff to Procurement staff |
|                                                                                                                                                                                                                                                               | After being numbered, the PR will be taken to the admin office to be signed by the city admin officer.                                                                                                                    | 1 day                                                                                                                                                                                                            | Library Staff to Adm. Office       |
|                                                                                                                                                                                                                                                               | The numbered PR with the signature of Adm. officer forwarded to City treasurer for verification, after signing back to the end user. the end user will forward to the Procurement for procurement process.                | 2 Days                                                                                                                                                                                                           | Adm. Office to Library Staff       |
|                                                                                                                                                                                                                                                               | After processing of procurement, the end-user will wait for the Purchase Order ( <i>if there is a problem, PR will return to the end-user, but if there is no problem process will progress</i> ) the end-user will wait. |                                                                                                                                                                                                                  | Procurement Office                 |

|  |                                                                |  |                    |
|--|----------------------------------------------------------------|--|--------------------|
|  | Conduct procurement and deliver to the end-user (city library) |  | Procurement Office |
|--|----------------------------------------------------------------|--|--------------------|

### C. BOOK NOOK OPERATION (Book Barter Center)

A book nook or Sulok-Aklatan is a place for everyone, young and old, who loves to read. It is open 24/7 and has rules posted in the book nook that must be followed. It is a valuable asset for any community, promoting education, culture, and community engagement.

|                                                                                  |                                                                                                                      |                          |                                  |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|
| OFFICE/ DIVISION:                                                                | Antipolo City Public Library                                                                                         |                          |                                  |
| CLASSIFICATION:                                                                  | Simple                                                                                                               |                          |                                  |
| TYPES OF TRANSACTION:                                                            | G2G (Government to Government)<br>G2G (Government to Citizen)                                                        |                          |                                  |
| WHO MAY AVAIL:                                                                   | General Public                                                                                                       |                          |                                  |
| CHECKLIST OF REQUIREMENTS                                                        |                                                                                                                      | WHERE TO SECURE          |                                  |
| Reference Materials<br>Serials and children’s book<br>Pocket books               |                                                                                                                      | Book Shower at Book Nook |                                  |
| PROCESS OF AVAILING:                                                             |                                                                                                                      |                          |                                  |
| CLIENT STEPS                                                                     | AGENCY ACTION                                                                                                        | PROCESSING TIME          | PERSON RESPONSIBLE               |
| 1. Open to everyone who loves reading)                                           | Posting rules in the Book Nook.                                                                                      | Applied Once             | Officer-In-Charge                |
| 2. Anyone who wants is free to take and donate books                             | Monitoring the book nook and replenishing books if they are running low.                                             | Daily                    | Library Staff And General Public |
| 3. Giving a book or donating to the book nook is open for everyone who wants to. | All books given to the book nook are stamped by the Antipolo City Public Library before being placed in the shelves. | Open hours               | Library Staff And General Public |
| 4. Open to everyone the program of Book Shower in the book nook.                 | Scheduling a book shower at the book nook of the Antipolo City Public Library with over 2,000 books to be given away | Per Program              |                                  |





# **Antipolo City Public Library Internal Services**

### 1. Delivery, Inspection and Acceptance of Supplies, Materials and Equipment

Inspect delivered items in accordance with approved quantity and inconformity with specifications based on the approved contract/ Purchase Order.

|                                                                      |                                                                                       |                                      |                      |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------|----------------------|
| OFFICE/ DIVISION:                                                    | Office of the City Librarian (Admin. Section)                                         |                                      |                      |
| CLASSIFICATION:                                                      | Simple                                                                                |                                      |                      |
| TYPES OF TRANSACTION:                                                | G2G (Government to Government)<br>G2G (Government to Citizen)                         |                                      |                      |
| WHO MAY AVAIL:                                                       | Service Providers, End-Users, Employees                                               |                                      |                      |
| CHECKLIST OF REQUIREMENTS                                            |                                                                                       | WHERE TO SECURE                      |                      |
| 1. Purchase Order<br>2. Delivery Receipt<br>3. Acceptance Form       |                                                                                       | Procurement Office<br>Supply Section |                      |
| PROCESS OF AVAILING THE SERVICE:                                     |                                                                                       |                                      |                      |
| CLIENT STEPS                                                         | AGENCY ACTION                                                                         | PROCESSING TIME                      | PERSON RESPONSIBLE   |
| 1.Coordinate with the Procurement Office on the schedule of delivery | Endorsement of Purchase Order (PO) and attached required documents to Supply Section  | 5 Minutes                            | Procurement Office   |
|                                                                      | Inspect delivered items/units in accordance with approved quantity and specifications | 1 to 3 Minutes                       | Admin Library Staff  |
|                                                                      | Check Completeness of Items/units and specifications                                  | 1 to 3 Minutes                       | Admin. Library Staff |
|                                                                      | Acceptance of Delivered items/units                                                   | 1 Minute                             | Admin. Library Staff |
|                                                                      | Total                                                                                 | 8 to 11 minutes                      |                      |

## 2. Processing of Disbursement, Obligation and Request.

Consist of all cash paid out during a given period either by check or Cash in payment to employee/s, honorarium, prizes or suppliers. payables for goods and services obtained and cash advances.

|                                                                                                                               |                                                                                                                                                                                                                                               |                                    |                    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|
| OFFICE/ DIVISION:                                                                                                             | Office of the City Librarian (Admin. Section)                                                                                                                                                                                                 |                                    |                    |
| CLASSIFICATION:                                                                                                               | Complex                                                                                                                                                                                                                                       |                                    |                    |
| TYPES OF TRANSACTION:                                                                                                         | G2G (Government to Government)<br>G2G (Government to Citizen)                                                                                                                                                                                 |                                    |                    |
| WHO MAY AVAIL:                                                                                                                | Service Providers, End-Users, Employees                                                                                                                                                                                                       |                                    |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                     |                                                                                                                                                                                                                                               | WHERE TO SECURE                    |                    |
| 1. Disbursement Voucher<br>2. Approved Obligation Request, CAFOA<br>3. Payroll for Honorarium, Prizes, employees or suppliers |                                                                                                                                                                                                                                               | Budget Office<br>Accounting Office |                    |
| PROCESS OF AVAILING THE SERVICE:                                                                                              |                                                                                                                                                                                                                                               |                                    |                    |
| CLIENT STEPS                                                                                                                  | AGENCY ACTION                                                                                                                                                                                                                                 | PROCESSING TIME                    | PERSON RESPONSIBLE |
|                                                                                                                               | Prepare Disbursement Voucher, Obligation Request, CAFOA and Payroll for honorarium and Prizes, Employees reimbursement of attending seminar.                                                                                                  | 1 Minute                           | Library Adm. Staff |
|                                                                                                                               | Forward to Admin Office for initial of Admin Officer                                                                                                                                                                                          | 3 Minutes                          | Admin Office       |
|                                                                                                                               | Upon signing forward to the Budget Office for validation of submitted documents (DV, OBR, CAFOA and Payroll.<br><i>(if there is problem occurred will return to end-user for correction but if there is no problem process will progress)</i> |                                    | Budget Office      |
|                                                                                                                               | Releasing of Payments                                                                                                                                                                                                                         |                                    | Treasury Office    |

### 3. Request for Maintenance and Repair

This service pertains to requests of officials and employees relative to repair and maintenance work.

|                                                                |                                                                                                                                                                                                                                                                                                         |                                                                      |                                   |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------|
| <b>OFFICE/ DIVISION:</b>                                       | Office of the City Librarian ( <b>Admin. Section</b> )                                                                                                                                                                                                                                                  |                                                                      |                                   |
| <b>CLASSIFICATION:</b>                                         | Simple                                                                                                                                                                                                                                                                                                  |                                                                      |                                   |
| <b>TYPES OF TRANSACTION:</b>                                   | G2G (Government to Government)<br>G2G (Government to Citizen)                                                                                                                                                                                                                                           |                                                                      |                                   |
| <b>WHO MAY AVAIL:</b>                                          | Service Providers, End-Users, Employees                                                                                                                                                                                                                                                                 |                                                                      |                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                               |                                                                                                                                                                                                                                                                                                         | <b>WHERE TO SECURE</b>                                               |                                   |
| Maintenance Job Request Form<br>Phone calls<br>Remoting device |                                                                                                                                                                                                                                                                                                         | General Services<br>Information Technology and<br>Development Office |                                   |
| <b>PROCESS OF AVAILING THE SERVICE:</b>                        |                                                                                                                                                                                                                                                                                                         |                                                                      |                                   |
| <b>CLIENT STEPS</b>                                            | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                    | <b>PROCESSING TIME</b>                                               | <b>PERSON RESPONSIBLE</b>         |
| 1. Coordinate with General Services and Information Tech       | Call for General Services/ Information Tech for the request for Maintenance and Repair of Library Facilities and Internet Connection and Equipment                                                                                                                                                      | Phone calls                                                          | Library Adm. Staff<br>GSO<br>ITDO |
|                                                                | Wait for the schedule of Maintenance and Repair of Facilities by General Services and Equipment and Internet Connection by Information Technology and Development Office<br><i>(Note: if there is staff available, they will go to it immediately for repair. In computer repair remoting service )</i> | Per schedule                                                         | GSO<br>ITDO                       |
|                                                                | Upon repair and Maintenance completed the Job Request Form may be secured by GSO for signing of requesting office.                                                                                                                                                                                      |                                                                      | GSO                               |

#### 4. Request and Issuance of Supplies and Materials

The Division/ Office may request supplies/ goods carried in stock by the Supply Section.)

|                                                                       |                                                                                                                                                          |                                                                        |                                                 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|
| OFFICE/ DIVISION:                                                     | Office of the City Librarian (Admin. Section)                                                                                                            |                                                                        |                                                 |
| CLASSIFICATION:                                                       | Simple                                                                                                                                                   |                                                                        |                                                 |
| TYPES OF TRANSACTION:                                                 | G2G (Government to Government)<br>G2G (Government to Citizen)                                                                                            |                                                                        |                                                 |
| WHO MAY AVAIL:                                                        | Service Providers, End-Users, Employees                                                                                                                  |                                                                        |                                                 |
| CHECKLIST OF REQUIREMENTS                                             |                                                                                                                                                          | WHERE TO SECURE                                                        |                                                 |
| Requisition and Issue Slip                                            |                                                                                                                                                          | Library Office<br>Procurement Office<br>Supplies and Materials Section |                                                 |
| PROCESS OF AVAILING THE SERVICE:                                      |                                                                                                                                                          |                                                                        |                                                 |
| CLIENT STEPS                                                          | AGENCY ACTION                                                                                                                                            | PROCESSING TIME                                                        | PERSON RESPONSIBLE                              |
| 1. Coordinate with Procurement Office/ Supplies and Materials Section | Prepare Requisition and Issue Slip (RIS) with signature of Officer-In-Charge of the Library.                                                             | 2<br>Minutes                                                           | Library Adm. Staff<br>And<br>Procurement Office |
|                                                                       | Forward the RIS to the procurement office to verify our request for supplies and other items if they are in stock or not.                                | 3<br>Minutes                                                           | Procurement Office                              |
|                                                                       | After verification of Procurement staff, they make a note of which supplies or items are in stock and return them to the requested office.               | 5<br>Minutes                                                           | Procurement Staff                               |
|                                                                       | Returned RIS to the requested office. The end-user will call/email the RIS verified document to the Supplies and Materials Section for delivery request. | 3<br>Minutes                                                           | Supplies and<br>Materials Section               |
|                                                                       | Acceptance of Delivered Items                                                                                                                            | 2-3<br>days                                                            | Supplies and<br>Materials Section               |
|                                                                       | Total                                                                                                                                                    | 2 to 3 days, 13<br>minutes                                             |                                                 |

## 5. Request and Processing of Program of Work

A tool for the efficient and effective management of projects, programs, and activities. It contains specific tasks, deadlines, and responsibilities.

|                                                                      |                                                                                          |                                                                           |                    |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|
| OFFICE/ DIVISION:                                                    | Office of the City Librarian (Admin. Section)                                            |                                                                           |                    |
| CLASSIFICATION:                                                      | Highly Technical                                                                         |                                                                           |                    |
| TYPES OF TRANSACTION:                                                | G2G (Government to Government)<br>G2G (Government to Citizen)                            |                                                                           |                    |
| WHO MAY AVAIL:                                                       | General Public                                                                           |                                                                           |                    |
| CHECKLIST OF REQUIREMENTS                                            |                                                                                          | WHERE TO SECURE                                                           |                    |
| Program of Work<br>-Recommendation and Approval<br>- Approved Budget |                                                                                          | Library Office<br>City Planning Office<br>Budget Office<br>Mayor's Office |                    |
| PROCESS OF AVAILING THE SERVICE:                                     |                                                                                          |                                                                           |                    |
| CLIENT STEPS                                                         | AGENCY ACTION                                                                            | PROCESSING TIME                                                           | PERSON RESPONSIBLE |
| 1. Coordinate with Mayor's Office, Budget Office/ Procurement Office | Prepare Program of Work (POW) with signature of Officer-In-Charge of the Library.        | 2 Minutes                                                                 | Library Adm. Staff |
|                                                                      | Forward the POW to the Mayor's office for approval to conduct the POW.                   | 1 Minute                                                                  | Mayor's Office     |
|                                                                      | Follow up the following day the POW to the Mayor's Office with notation.                 | 1 Minute                                                                  | Mayor's Office     |
|                                                                      | Follow up POW with notation to Budget Office                                             | 1 Minute                                                                  | Budget Office      |
|                                                                      | Processing of POW in Budget Office for Budget Recommendation                             | 2-3 Weeks or more                                                         | Budget Office      |
|                                                                      | Return POW with Approval                                                                 | 2 Minutes                                                                 | Library Adm. Staff |
| 2.Implementati on of Approved POW                                    | Process Purchase Request (PR)of Food Requirement and others.                             | 3 Minutes                                                                 | Library Adm. Staff |
|                                                                      | Submit PR to Procurement Office for process with target date of Activity/Program/Project | 1 to 3 Days                                                               | Procurement Office |
|                                                                      | Implementation of POW                                                                    | 1 Day                                                                     | Library Office     |
|                                                                      | Total                                                                                    | 2-3 weeks, 2-4 days, and 10 minutes                                       |                    |



# **EDUCATION / ACADEMIC SERVICES**



## **City of Antipolo Institute of Technology (AiTECH)**





## 1. APPLICATION FOR STUDENT ADMISSION

Admission to the City of Antipolo Institute of Technology (AiTECH) shall be managed by the AiTECH Admissions Committee with guidance from the Antipolo City Scholarship Office's search, selection, and nomination processes. The AiTECH Admissions Committee deliberates the applications based on the applicants' scholastic record, scholarship examination and personal interview. Applicants need to submit their requirements to the Registrar's Office.

Further tests and assessment of applicant's interest and aptitude for the College / Degree Program may be determined by the results of a National Career Assessment Evaluation (NCAE) and the National Achievement Test (NAT) conducted by the Department of Education (DepEd) and/or other similar substantiation may be required by AiTECH.

|                                                                              |                                                                                                                                                                                |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                 | CITY OF ANTIPOLO INSTITUTE OF TECHNOLOGY REGISTRAR'S OFFICE                                                                                                                    |
| <b>CLASSIFICATION:</b>                                                       | Complex                                                                                                                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                 | G2C – Government to Citizen                                                                                                                                                    |
| <b>WHO MAY AVAIL:</b>                                                        | College Student Applicants                                                                                                                                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                             | <b>WHERE TO SECURE</b>                                                                                                                                                         |
| 1. AiTECH College Application Form                                           | - AiTECH Registrar's Office, or AiTECH FB Page ( <a href="https://www.facebook.com/AntipoloInstituteofTechnology">https://www.facebook.com/AntipoloInstituteofTechnology</a> ) |
| 2. High School Report Card (Form 138) – Original copy or Certified True Copy | - Senior High School of applicant                                                                                                                                              |
| 3. Certificate of Good Moral Character                                       | - Senior High School of applicant                                                                                                                                              |
| 4. PSA-authenticated Certificate of Live Birth – 1 photocopy                 | - Philippine Statistics Authority (PSA)                                                                                                                                        |

| CLIENT STEPS                                                           | AGENCY ACTION                                                                            | FEES TO BE PAID | PROCESSING TIME                    | PERSON RESPONSIBLE                           |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------|------------------------------------|----------------------------------------------|
| 1. Submit the admission requirements to AiTECH Registrar's Office.     | 1. Receive the admission requirements and review the application.                        | None            | 2 days                             | Registrar's Staff for Admissions             |
| 2. Obtain schedule for Face to Face /online examination and interview. | 2. Provide schedule and details of examination through text or e-mail.                   | None            |                                    | Registrar's Staff for Admissions             |
| 3. Take AiTECH College Admissions Test (AiCAT) examination.            | 3. Hold examination and interview.                                                       | None            | 1 day                              | Proctor and Registrar's Staff for Admissions |
| 3.1 None                                                               | 3.1 Summarize scores of the applicant.                                                   | None            |                                    |                                              |
| 4. Undergo Admissions Interview online /Onsite .                       | 4. Schedule the interview.                                                               | None            | 1 hour                             | Registrar's Staff for Admissions             |
|                                                                        | 4.1 Notify the applicant via email.                                                      | None            | 15 mins.                           | Interviewer                                  |
|                                                                        | 4.2. Conduct the interview.                                                              | None            | 1 hour                             |                                              |
|                                                                        | 4.3 Summarize the scores.                                                                | None            | 1 day                              |                                              |
| 5. Check mail or e-mail for confirmation of admission.                 | 5. Send to the client via mail or e-mail the Acceptance/ Non-Acceptance (Regret Letter). |                 | 3 days                             | Registrar's Staff for Admissions             |
|                                                                        | <b>TOTAL:</b>                                                                            | <b>None</b>     | <b>7 days, 2 hours, 15 minutes</b> |                                              |

## 2. ENROLLMENT OF NEW STUDENTS

The enrollment process is the final step for student-applicants of being admitted into AiTECH. Student-applicants who have successfully passed the admission process will be informed of their acceptance to the program they have applied for. They will need to complete additional requirements and other application steps in order for them to be enrolled in the Senior High School (SHS) Program or the bachelor's degree program (Bachelor of Construction Engineering Technology and Management) in AiTECH.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITY OF ANTIPOLO INSTITUTE OF TECHNOLOGY<br>REGISTRAR'S OFFICE                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Complex                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                  |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G2C – Government to Citizen                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Accepted Student Applicants                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                  |
| <ol style="list-style-type: none"> <li>1. Acceptance Letter</li> <li>2. Signed Application Form – Original copy</li> <li>3. Report Card (Form 138) – Original copy</li> <li>4. 2"x2" colored pictures, white background–three (3) copies</li> <li>5. PSA-authenticated Certificate of Marriage of parents, if applicable – 1 photocopy</li> <li>6. NCAE Result – Original copy</li> <li>7. Certificate of Good Moral Character – Original copy</li> <li>8. Latest Proof of Billing – 1 photocopy</li> </ol> |                                                                                                                                                                        | <ul style="list-style-type: none"> <li>- AiTECH Admissions Committee</li> <li>- AiTECH Registrar's Office, or AiTECH FB Page (<a href="https://www.facebook.com/AntipoloInstituteofTechnology">https://www.facebook.com/AntipoloInstituteofTechnology</a>)</li> <li>- School graduated from</li> <li>- Student applicant</li> <li>- Philippine Statistics Authority (PSA)</li> <li>- School graduated from / DepEd</li> <li>- School graduated from</li> <li>- PLDT, MERALCO, Manila Water, etc.</li> </ul> |                 |                                  |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AGENCY ACTION                                                                                                                                                          | FEES TO BE PAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PROCESSING TIME | PERSON RESPONSIBLE               |
| 1. Check the Acceptance Letter and prepare the enrollment requirements                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ol style="list-style-type: none"> <li>1. Send the Acceptance Letter to the applicant.</li> <li>1.1 Inform the applicant about the enrollment requirements.</li> </ol> | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 days          | Registrar's Staff                |
| 2. Submit the enrollment requirements to AiTECH Registrar's Office.                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. Receive the enrollment requirements, check as to validity and attach                                                                                                | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | Registrar's Staff for Admissions |

|                                                                         |                                                    |      |       |                                          |
|-------------------------------------------------------------------------|----------------------------------------------------|------|-------|------------------------------------------|
|                                                                         | the Tracking Form.                                 |      |       |                                          |
| 2.1 Secure Endorsement for Mental and Dental Exam.                      | 2.1 Issue Endorsement for Medical and Dental Exam. | None |       | SDS Head                                 |
| 3. Proceed to ACHS Cabading and show the Endorsement Letter for Medical | 3. Perform Medical and Dental Examination.         | None | 1 day | ACHS Cabading Medical and Dental Doctors |

|                                                                                                                                                                                         |                                                                                                                                                                      |                  |                        |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|-----------------------------------------|
| and Dental Examination.<br><br>3.1 Secure Medical and Dental Certificates.                                                                                                              | 3.1 Issue the Medical and Dental Certificates.                                                                                                                       |                  |                        |                                         |
| 4. Submit the Medical and Dental Certificates to the Office of the Academic Support Services.<br><br>4.1 Secure Student Information Sheet (SIS), fill out and submit once accomplished. | 4. Receive the Medical and Dental Certificates.<br><br>4.1 Issue a blank SIS. Receive the accomplished SIS and endorse the applicant back to the Registrar's Office. | None<br><br>None |                        | OASS Head<br><br>OASS Head              |
| 5. Return to the Registrar's Office and secure Registration Form No. 1 – Certificate of Registration.<br><br>5.1 None                                                                   | 5. Issue the Certificate of Registration.<br><br>5.1 Enroll the student applicant.                                                                                   | None<br><br>None | 4 hours                | Registrar's Staff                       |
| 6. Attend School Orientation.                                                                                                                                                           | 6. Conduct on-site School Orientation.                                                                                                                               | None             | 1 day                  | Office of the Academic Support Services |
|                                                                                                                                                                                         | <b>TOTAL:</b>                                                                                                                                                        | <b>None</b>      | <b>4 days, 4 hours</b> |                                         |

### 3. ENROLLMENT OF CONTINUING (OLD) STUDENTS

Enrolment of continuing students may be done as early as the end of the school semester to obtain clearance from their instructors. The duration of this process will entirely depend on the student's compliance with academic and non-academic requirements.

Students may hold on to their clearance and enroll when the enrollment period has been opened for them.

|                                                               |                                                                                                                                                                                  |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                  | CITY OF ANTIPOLLO INSTITUTE OF TECHNOLOGY<br>REGISTRAR'S OFFICE                                                                                                                  |
| <b>CLASSIFICATION:</b>                                        | Complex                                                                                                                                                                          |
| <b>TYPES OF TRANSACTION:</b>                                  | G2C – Government to Citizen                                                                                                                                                      |
| <b>WHO MAY AVAIL:</b>                                         | Accepted Student Applicants                                                                                                                                                      |
| <b>CHECKLIST OF<br/>REQUIREMENTS</b>                          | <b>WHERE TO SECURE</b>                                                                                                                                                           |
| 1. Student Clearance Form – to be accomplished by the student | - AiTECH Registrar's Office, or AiTECH FB Page ( <a href="https://www.facebook.com/AntipolloInstituteofTechnology">https://www.facebook.com/AntipolloInstituteofTechnology</a> ) |
| 2. Certificate of Grades – Original copy                      | - AiTECH Registrar's Office or from e-mail address: <a href="mailto:registrar@aitech.edu.ph">registrar@aitech.edu.ph</a>                                                         |
| 3. Student ID                                                 | - Student                                                                                                                                                                        |
| 4. Prospectus                                                 | - Student                                                                                                                                                                        |

| CLIENT STEPS                                                                                                    | AGENCY ACTION                                          | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE               |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|-----------------|----------------------------------|
| 1. Secure a blank Student Clearance Form.                                                                       | 1. Issue Clearance Form.                               | None            | 4 hours         | Registrar's Staff for Admissions |
| 1.1 Submit the Clearance Form once accomplished.                                                                | 1.1 Check the Clearance Form for completeness of data. | None            |                 |                                  |
| 2. Secure Clearance from School Library, Guidance Office, Dean's Office, and Administration and Finance Office. | 2. Sign (or stamp as "cleared") on the Clearance Form. | None            | 1 day           | Office Heads concerned           |

|                                                                                                             |                                                            |                  |        |                                  |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------|--------|----------------------------------|
| 3. Submit the accomplished Clearance to the Registrar's Office.                                             | 3. Check the Clearance and issue the Certificate of Grades | None             | 1 hour | Registrar's Staff for Admissions |
| 4. Receive Certificate of Grades from the previous semester.<br><br>4.1 Receive a copy of an Advising form. | 4. Issue Certificate of Grades and Blank Advising Form     | None<br><br>None | 1 hour | Registrar's Staff<br><br>Student |

|                                                                                                                            |                                                                                       |                  |                        |                                  |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------|------------------------|----------------------------------|
|                                                                                                                            |                                                                                       |                  |                        |                                  |
| 5. Go through the Advising Process                                                                                         | 5. Identify subjects to be taken for the next semester                                | None             | 1.5 hour               | Advising Instructor and Student  |
| 6. Accomplish online Registration Form<br><br>6.1 Sign on the Registrar-issued Registration Form at the Registrar's Office | 6. Enroll the student applicant.<br><br>6.2. Issue a Certificate of Registration Form | None<br><br>None | 15 mins<br><br>15 mins | Registrar's Staff<br><br>Student |
|                                                                                                                            | <b>TOTAL:</b>                                                                         | <b>None</b>      | <b>2 days</b>          |                                  |

#### 4. REQUEST FOR STUDENT RECORDS

All students of AiTECH can avail of any necessary scholastic records from the Registrar's Office such as the following:

- 1.1 Good Moral Character
- 1.2 Prospectus
- 1.3 Certificate of Grades
- 1.4 Transcript of Records
- 1.5 Academic Certifications
- 1.6 Diploma

Second (2<sup>nd</sup>) copies of the Diploma, Transcript of Records or any Certification may be requested by students or graduates subject to payment of certain fees.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | CITY OF ANTIPOLO INSTITUTE OF TECHNOLOGY<br>REGISTRAR'S OFFICE |                                                                                                                                                                                                                                                                                                  |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | Simple                                                         |                                                                                                                                                                                                                                                                                                  |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | G2C – Government to Citizen                                    |                                                                                                                                                                                                                                                                                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | Students and graduates                                         |                                                                                                                                                                                                                                                                                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"><li>1. Letter of request – Original copy (for transferee only)</li><li>2. Any government-issued ID card of the requester and his/her authorized representative – 1 photocopy each</li><li>3. Authorization letter or Special Power of Attorney (SPA), if the client is a representative only – Original copy</li><li>4. Clearance Form (Reg. Form 5) for Non- Graduate only</li><li>5. Request Form (Reg. Form 3)</li></ul> |                                                                | <ul style="list-style-type: none"><li>- Requesting student / graduate</li><li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</li><li>- Requesting student or graduate</li><br/><li>- AiTECH Registrar's Office</li><li>- AiTECH Registrar's Office</li></ul> |

| CLIENT STEPS                                                                                                                                         | AGENCY ACTION                                                                                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Submit letter of request to AiTECH Registrar's Office, or via email to <a href="mailto:registrar@aitech.h.edu.ph">registrar@aitech.h.edu.ph</a> . | 1. Receive the letter of request.                                                                          | None            | 3 days          | Registrar's Staff  |
| 1.1 Secure Clearance Request Forms.                                                                                                                  | 1.1 Issue Clearance and Request Forms.                                                                     | None            |                 |                    |
| 1.2. Submit the accomplished Clearance and Request Forms.                                                                                            | 1.2 Receive the Clearance and Request Forms and verify on records the information provided.                |                 |                 |                    |
| 1.3 Get advice on the next step after the verification.                                                                                              | 1.3 Once verified, advise the client to have the forms signed by designated signatories indicated therein. |                 |                 |                    |

|                                                                                 |                                                                                          |      |  |                          |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------|--|--------------------------|
| 2. Obtain clearance from the designated signatories.                            | 2. Sign the Clearance Form.                                                              |      |  | Designated Signatories   |
| 2.1 Submit the signed Request and Clearance Forms.                              | 2.1 Check if the forms are duly signed.                                                  | None |  | Registrar's Office       |
| For request for 2 <sup>nd</sup> Copy, proceed to the Admin. and Finance Office. | If 2 <sup>nd</sup> Copy is requested, endorse the same to the Admin. and Finance Office. | None |  | Registrar's Office       |
| 2.2 Secure Order of Payment on request for 2 <sup>nd</sup> Copy.                | 2.2 Issue the Order of Payment.                                                          | None |  | Admin. and Finance Staff |



|                                                                                                                                                            |                                                                                                              |                                                                                                           |               |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------|------------------------------------|
| 3. Pay the required fees by showing the Order of Payment.<br><br>3.1 Secure Official Receipt.                                                              | 3. Accept the payment based on the Order of Payment.<br><br>3.1 Issue the Official Receipt.                  | PHP 500.00 Diploma;<br><br>PHP 600.00 Transcript of Record;<br><br>PHP100.00 Certification                |               | Cashier / Admin. and Finance Staff |
| 4. Return to the Registrar's Office and show the Official Receipt for the issuance of the requested document/s.<br><br>4.1 Secure the requested document/s | 4. Check the Official Receipt and prepare the requested documents.<br><br>4.1 Issue the requested documents. | None<br><br>None                                                                                          |               | Registrar's Staff                  |
|                                                                                                                                                            | <b>TOTAL:</b>                                                                                                | <b>PHP 500.00 Diploma;</b><br><b>PHP 600.00 Transcript of Record;</b><br><b>PHP100.00 – Certification</b> | <b>3 days</b> |                                    |

## 5. WITHDRAWAL OF REGISTRATION

Students may withdraw (drop or cancel) their enrollment or registration for valid reasons and based on the rules and regulations of AiTECH and the Scholarship Committee of the City of Antipolo.

|                                                                                                                                             |                                                                                                                        |                                                      |                            |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------|----------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                | CITY OF ANTIPOLLO INSTITUTE OF TECHNOLOGY<br>REGISTRAR'S OFFICE                                                        |                                                      |                            |                                  |
| <b>CLASSIFICATION:</b>                                                                                                                      | Simple                                                                                                                 |                                                      |                            |                                  |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                            | G2C – Government to Citizen                                                                                            |                                                      |                            |                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                       | Students and graduates                                                                                                 |                                                      |                            |                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                            |                                                                                                                        | <b>WHERE TO SECURE</b>                               |                            |                                  |
| 1. Letter of Intent to Withdraw, with Parent's Consent and Signature<br>2. Adding and Dropping Form                                         |                                                                                                                        | - Student and parents<br>- AiTECH Registrar's Office |                            |                                  |
| <b>CLIENT STEPS</b>                                                                                                                         | <b>AGENCY ACTION</b>                                                                                                   | <b>FEES TO<br/>BE PAID</b>                           | <b>PROCESSING<br/>TIME</b> | <b>PERSON RES<br/>PONSIBLE</b>   |
| 1. Submit the Letter of Intent to Withdraw to AiTECH Registrar's Office.                                                                    | 1. Receive the Letter of Intent to Withdraw and endorse to the College Dean.                                           | None                                                 | 2 days                     | Registrar's Staff for Admissions |
| 2. Proceed to the Dean's Office for interview and approval of the withdrawal.                                                               | 2. Interview the student and sign acceptance on the Letter of Intent to Withdraw, if applicable.                       | None                                                 |                            | College Dean                     |
| 3. Return to the Registrar's Office and show the signed Letter of Intent to Withdraw.<br><br>3.1 Secure the signed Adding and Dropping Form | 3. Check the signed Letter of Intent to Withdraw.<br><br>3.1 Issue the student's copy of the Adding and Dropping Form. | None<br><br>None                                     |                            | Registrar<br><br>Registrar       |
| <b>TOTAL:</b>                                                                                                                               |                                                                                                                        | <b>None</b>                                          | <b>2 days</b>              |                                  |

## 6. REQUEST FOR IDEA FABLAB SERVICES

The IDEA Fablab is a technical prototyping facility centered towards innovation, design, engineering and arts. It aims to provide support to MSMEs, students, professionals, hobbyists who have the passion to continuously “learn, innovate, create and share.”

IDEA Fablab provides services in the areas of Research and Consultation, Computer Aided Design/Intelligent Modeling, Prototyping and Short Run Productions for Micro, Small and Medium Enterprises (MSMEs).

|                                                                                                            |                                                                              |                                                                                           |                                 |                               |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                               | CITY OF ANTIPOLO INSTITUTE OF TECHNOLOGY<br>IDEA FABLAB                      |                                                                                           |                                 |                               |
| <b>CLASSIFICATION:</b>                                                                                     | Simple / Complex                                                             |                                                                                           |                                 |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                           | G2C – Government to Citizen;<br>G2G – Government to Government               |                                                                                           |                                 |                               |
| <b>WHO MAY AVAIL:</b>                                                                                      | AiTECH staff, faculty and students; Government agency clients of IDEA Fablab |                                                                                           |                                 |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                           |                                                                              | <b>WHERE TO SECURE</b>                                                                    |                                 |                               |
| 1. Work Order Request Form<br>2. Work Order Cost Report (Quotation)<br>3. Work Order Cost Report (Invoice) |                                                                              | - AiTECH IDEA Fablab Office<br>- AiTECH IDEA Fablab Office<br>- AiTECH IDEA Fablab Office |                                 |                               |
| <b>CLIENT STEPS</b>                                                                                        | <b>AGENCY ACTION</b>                                                         | <b>FEES TO<br/>BE PAID</b>                                                                | <b>PROCESSING<br/>TIME</b>      | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Discuss request to the IDEA Fablab.                                                                     | 1. Check the request.                                                        | None                                                                                      | 3 days – for Simple Transaction | IDEA Fablab Personnel         |
| 1.1 Get approval of the request.                                                                           | 1.1 Approve the request.                                                     | None                                                                                      | 7 days for Complex Transaction  | Executive Director            |
| 1.2. Request for Work Order Cost Report (Quotation)                                                        | 1.2 Prepare and release the quotation form.                                  | None                                                                                      |                                 | Executive Director            |
| 1.3 Sign and return the Work Order Cost Report (Quotation)                                                 | 1.3 Accept signed quotation form and start the work order.                   | None                                                                                      |                                 | IDEA Fablab Personnel         |

|                                                            |                                                                                      |                                      |  |                                 |
|------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------|--|---------------------------------|
| 2. Process the work order.                                 | 2. Assist the client during the process of the work order.                           | None                                 |  | IDEA Fablab Personnel           |
| 2.1 Obtain information as to the Work Order Cost Report.   | 2.1 Prepare the Work Order Cost Report and endorse to the Admin. and Finance Office. | None                                 |  | Executive Director              |
| 3. Pay the required fees to the Admin. and Finance Office. | 3. Accept the payment based on the Work Order Cost Report.                           | Refer to Schedule of Fees on page 9. |  | AiTECH Admin. and Finance Staff |

|                              |                                |                                             |                                         |  |
|------------------------------|--------------------------------|---------------------------------------------|-----------------------------------------|--|
| 3.1 Secure Official Receipt. | 3. Issue the Official Receipt. |                                             |                                         |  |
|                              | <b>TOTAL:</b>                  | <b>Refer to Schedule of Fees on page 9.</b> | <b>3 days – for Simple Transactions</b> |  |
|                              |                                |                                             | <b>7 days – for Complex Transaction</b> |  |

### SCHEDULE OF FEES

| MACHINE RATE             |                                                                                                   | MSMEs & OTHER CLIENTS |      | AiTECH STAFF, FACULTY & STUDENTS |      |
|--------------------------|---------------------------------------------------------------------------------------------------|-----------------------|------|----------------------------------|------|
| <input type="checkbox"/> | Laser Cutting and Engraving                                                                       | P17/min               |      | P10/min                          |      |
| <input type="checkbox"/> | Desktop Milling                                                                                   | P220/hr               |      | P130/hr                          |      |
| <input type="checkbox"/> | Large CNC Milling                                                                                 | P290/hr               |      | P175/hr                          |      |
| <input type="checkbox"/> | Vinyl Cutting                                                                                     | P40/sq. ft.           |      | P25/sq. ft.                      |      |
| <input type="checkbox"/> | Plotting/Scanning                                                                                 | Plot                  | Scan | Plot                             | Scan |
|                          | A0 (841x1189mm)                                                                                   | P200                  | P50  | P200                             | P50  |
|                          | A1 (594x841mm)                                                                                    | P100                  | P40  | P100                             | P40  |
|                          | A2 (420x594mm)                                                                                    | P50                   | P30  | P50                              | P30  |
|                          | A3 (297x420mm)                                                                                    | P25                   | P20  | P25                              | P20  |
|                          | A4 (210x297mm)                                                                                    | P12                   | P10  | P12                              | P10  |
|                          | *Plain Paper included                                                                             |                       |      |                                  |      |
| <input type="checkbox"/> | Building Information Modeling Software for Building Design, Civil Infrastructure and Construction | P200/hr               |      | P120/hr                          |      |
| <input type="checkbox"/> | 3D Printing                                                                                       | P3/min                |      | P2/min                           |      |
|                          | PLA Filament                                                                                      | P4/gram               |      | P4/gram                          |      |
| <input type="checkbox"/> | 3D Scanning                                                                                       | P40/hr                |      | P24/hr                           |      |
| <input type="checkbox"/> | Power Tools                                                                                       | P80/hr                |      | P50/hr                           |      |

## 7. REQUEST FOR IDEA FABLAB TRAINING

IDEA Fablab clients may avail institutional instructions and training focused on Building Information Modelling (BIM) and Machine Operations of Laser Machine, CNC Milling Machine, CNC Routing Machine, Vinyl Cutter and 3D Printer on the IDEA Fablab Facility at Ground Floor of Engineering and Technology 1 Building of AiTECH using licensed software at low cost.

Face-to-Face Training and Consultation depends on national and local guidelines on the minimum public health standards in times of pandemic and similar crisis affecting the health of the general public. Training fees are payable at the end of the training.

|                                                                                                                            |                                                          |                                                                                           |                            |                               |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION<br/>:</b>                                                                                          | CITY OF ANTIPOLLO INSTITUTE OF TECHNOLOGY<br>IDEA FABLAB |                                                                                           |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                     | Simple                                                   |                                                                                           |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                           | G2C – Government to Citizen                              |                                                                                           |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                      | All clients of IDEA Fablab                               |                                                                                           |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                           |                                                          | <b>WHERE TO SECURE</b>                                                                    |                            |                               |
| 1. Training Order Request Form<br>2. Contract of Liability Agreement<br>3. Client Profile Form                             |                                                          | - AiTECH IDEA Fablab Office<br>- AiTECH IDEA Fablab Office<br>- AiTECH IDEA Fablab Office |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                        | <b>AGENCY ACTION</b>                                     | <b>FEES TO<br/>BE PAID</b>                                                                | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Inform IDEA Fablab of the request for training via call, text, e-mail, or personal meeting and submit the requirements. | 1. Check the request.                                    | None                                                                                      | 1 day                      | IDEA Fablab Personnel         |
|                                                                                                                            | 1.1 Approve / decline the request.                       | None                                                                                      |                            | Managing Director             |
| 2. Obtain training schedule for approved request.                                                                          | 2. Set the training schedule.                            | None                                                                                      | 4 days                     | IDEA Fablab Personnel         |
|                                                                                                                            | <b>TOTAL:</b>                                            | <b>Refer to the<br/>Schedule<br/>of Fees<br/>below.</b>                                   | <b>5 days</b>              |                               |

**SCHEDULE OF FEES:**

| <b>Training</b>                                                                                                                                       | <b>Rate</b>                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Basic BIM Training (8 hours) Building Information                                                                                                     | PHP1,100.00                                          |
| Advanced BIM Training (40 hours)                                                                                                                      | PHP 5,500.00                                         |
| Machine Operations <ul style="list-style-type: none"> <li>• Laser</li> <li>• Milling Machine</li> <li>• Vinyl Cutter</li> <li>• 3D Printer</li> </ul> | PHP 200.00<br>PHP 500.00<br>PHP 100.00<br>PHP 300.00 |
| *Project Consultation / Assistance                                                                                                                    | PHP 90.00 /hour                                      |

## 7. AiTECH Learning Resource Center (ALRC) SERVICES

AiTECH's Learning Resource Center provides Library Services to students and employees. This office is authorized to keep track of all library clients and records how many users go in and out of the library

|                                                                                                       |                                                                                   |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                          | CITY OF ANTIPOLO INSTITUTE<br>OF TECHNOLOGY LIBRARY                               |
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                            |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                      | G2C – Government to Citizen                                                       |
| <b>WHO MAY AVAIL:</b>                                                                                 | All students and employees of AiTECH                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                      | <b>WHERE TO SECURE</b>                                                            |
| 1. Student ID<br>2. AiTECH Learning Resource Center<br>Barcode for clients (Student's student<br>no.) | - Office of the Academic Support<br>Services<br>- AiTECH Learning Resource Center |

| CLIENT STEPS                                                                                                                                          | AGENCY ACTION                                                         | FEES TO<br>BE PAID                                                                                     | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|
| 1. ASL Form #1:<br><br>Library<br>Attendance<br>Form (ALRC<br>attendance<br>scanner)                                                                  | 1. Scan barcode on<br>the scanner                                     | None                                                                                                   | 1 minute           |                                                  |
| 2. Proceed to the<br>ALRC Online<br>Public Access<br>Counter (OPAC)                                                                                   | 2. Right down call<br>number or title of the<br>material for research | None                                                                                                   | 5 mins             | Librarian /<br>Library<br>Assistant              |
| 2.1 Proceed to the<br>Library Circulation<br>Counter explain the<br>Library Service<br>needed<br>(Borrow/Return<br>Book,<br>Research, Study,<br>etc.) | 2.1 Show toward the<br>specified area                                 | None                                                                                                   | 5 mins             | Librarian /<br>Library<br>Assistant              |
| 2.2 ALRC Services                                                                                                                                     | Fill up <b>ALRC Form #2:</b><br>Overdue Fine Payment<br><br>Form      | Fees to be<br>determine<br>d<br>by Librarian<br>based on<br>Library<br>Manual of<br>Operation<br>(MOP) | 5 mins             | Librarian /<br>Library<br><br>Assistant/<br>OASS |

|  |                                                                   |                                                                               |       |                                                  |
|--|-------------------------------------------------------------------|-------------------------------------------------------------------------------|-------|--------------------------------------------------|
|  | Fill up <b>ALRC Form #3:</b><br>Lost Material Payment<br>Form     | Fees to be<br>determine<br>d<br>by Librarian<br>after<br>meeting<br>with OASS | 1 day | Librarian /<br>Library<br><br>Assistant/<br>OASS |
|  | Fill up <b>ALRC Form #4:</b><br>Lost Material<br>Replacement Form | To be<br>determine<br>d by<br>Librarian<br>after<br>meeting<br>with<br>OASS   | 1 day | Librarian /<br>Library<br><br>Assistant/<br>OASS |

|  |                                                                     |      |                               |                                     |
|--|---------------------------------------------------------------------|------|-------------------------------|-------------------------------------|
|  | Fill up <b>ALRC Form #5:</b> Discussion<br>Room Reservation<br>Form | None | 5 mins                        | Librarian /<br>Library<br>Assistant |
|  | <b>TOTAL:</b>                                                       |      | <b>2 days, 21<br/>minutes</b> |                                     |



## 8. TECHNICAL DRAFTING NC II COMPETENCY ASSESSMENT

The Technical Drafting NC II Assessment Center operates under the Skills Upgrading and Institutional Linkages (SKILLS) unit, with oversight and strategic guidance from the SKILLS Director to ensure compliance with its mandate.

This charter applies to both AITECH students and external clients seeking Competency Assessment for the attainment of a National Certificate (NC II). It outlines the processes, protocols, and requirements involved in the application, scheduling, and completion of the assessment, ensuring transparency and efficiency in service delivery.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY OF ANTIPOLO INSTITUTE<br>OF TECHNOLOGY TD NC II<br>ASSESSMENT CENTER                                                                                                                                                                        |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Complex                                                                                                                                                                                                                                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C – Government to Citizen                                                                                                                                                                                                                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | All AiTECH students and other walk-in clients<br>(Non Traditional Clients)                                                                                                                                                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                           |
| <ol style="list-style-type: none"> <li>1. Duly accomplished Application Form (TESDA- OP-CO-05-F26)</li> <li>2. Self- Assessment Guide (SAG) (TESDA-OP- QSO-02-F07)</li> <li>3. Picture, Passport Size, white background with collar and name tag (2 pieces)</li> <li>4. TESDA Consent Agreement Form (Assessment) _ (TESDA-DPA Form 2)</li> <li>5. CCTV Consent Form (Appendix B)</li> <li>6. PSA Birth Certificate, (1 photocopy)</li> <li>7. Training Certificate (1 photocopy/each), for Non-Traditional Clients</li> <li>8. Employment Certificate (1 original) for Non- traditional Clients/CACW clients</li> </ol> | <ul style="list-style-type: none"> <li>- SKILLS Office / Technical Drafting NC II Office Assessment Center</li> <li>- Applicant</li> <li>- Phil. Statistics Authority<br/>Company/Training Center attended<br/>Company, if applicable</li> </ul> |

| CLIENT STEPS                                                                       | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                      | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                               |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------------------------------------|
| 1. Inquire with the Assessment Center                                              | 1.1 Provides Checklist of requirements and Tentative Assessment Schedule                                                                                                                                                                                                                                                                                           | None            | 5-10 mins       | AC manager/ Processing Officer /AC Assistant     |
| 2 . Submits application form with the necessary documentary requirements           | 2 .1 Conducts orientation on application and documents.<br>2.2 Facilitate the filling out of the form<br>2.3 Receives accomplished application form with the requirements<br>2.4 Verifies completeness of the application form and submitted requirements.<br>2.5 Provides tentative assessment schedule if the number of applicants reaches to ten (10) and above | None            | 35 mins         | AC Manager Processing Officer /AC Assistant      |
| 3. Properly and filled out the Self-Assessment Guide, etc.) to secure the service. | 3 .1 Process and Evaluate SAG to determine if the applicant is qualified for competency assessment.<br><br>(For approval and signature of AC Manager)                                                                                                                                                                                                              |                 | 10 mins         | AC Manger/ Processing Officer                    |
| 4. Pay the assessment Fee and get Official receipt                                 | 4 .1 Accept payment, if qualified (For <b>Non-Traditional Clients</b> )                                                                                                                                                                                                                                                                                            | P1,046.00       |                 | Treasury / CGA Cashier/ (Assisted by AC Cashier) |

|  |                                                                               |  |                           |     |
|--|-------------------------------------------------------------------------------|--|---------------------------|-----|
|  | 4 .2 Approved <b>P.O.W.</b> for AiTECH Scholars or <b>Traditional Clients</b> |  | 4 – 8 hrs.<br>or<br>1 day | AFO |
|--|-------------------------------------------------------------------------------|--|---------------------------|-----|

|                                                                                                                                 |                                                                                                                                                                                                                                         |      |                 |                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|---------------------------------|
| 5. Submits Official receipt, number is indicated                                                                                | 5 .1 Receives and checks the official receipt                                                                                                                                                                                           | None |                 | Processing Officer/AC Assistant |
| 6. Receive Admission Slip and assessment schedule ( <i>don't forget to bring admission slip the assessment date indicated</i> ) | 6.1. Issue Admission Slip<br>6.2 Provides a tentative date of assessment 5 to 10 working days before assessment.<br>6.3 In case of cancellation or disapproval of the requested schedule, inform the candidate 1 day before assessment. | None |                 |                                 |
| 7. Accomplish Pre-Registration online thru T2MIS                                                                                | 7.1 Check the data<br>7.2 Encodes the profile of qualified Applicant in the <b>T2MIS</b> to generate Unique Learners Identifier ( <b>ULI</b> )                                                                                          | None | 20 - 30 minutes | Processing Officer              |

|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |                                                   |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|---------------------------------------------------|
| 8. Wait for the approval of the requested assessment schedule from Assessment Center and TESDA P.O. | <p>8.1 Request schedule to TESDA PTCACS if the number of applicants reaches 10 candidates (per batch)</p> <p>8.2 Prepare and submit a letter of request for at least ten (10) working days before the requested assessment date to the TESDA Provincial Office.</p> <p>8.3 Prepare and submit the 10 accomplished and verified application documents to the TESDA Provincial Office.</p> <p>8.4 Follow up/wait for the approval from the TESDA Provincial Office</p> | None | 3 days | AC Manager<br>Processing Officer/ Liaison Officer |
| 9. Take the Assessment                                                                              | <p>9.1 Prepare Logistics for Assessment</p> <p>9.2 Issue the National Certification or Certificate of Completion to the client.</p>                                                                                                                                                                                                                                                                                                                                  | None | 1 day  | Client AC Manager                                 |

|  |                                                                                                                                                                                                                                                                    |  |                           |  |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|
|  | <b>TOTAL:</b>                                                                                                                                                                                                                                                      |  | <b>1 hour and 10 mins</b> |  |
|  | (Estimated processing, evaluation, and verification of submitted documents. Including online registration for each walk-in applicant)                                                                                                                              |  |                           |  |
|  | (Estimated processing time for each batch of verified application documents, starting from the payment of the assessment fee. This includes the preparation of the letter of request for an assessment schedule before submission to the TESDA Provincial Office.) |  | <b>5 days</b>             |  |

## 9. FILING OF COMPLAINT

Clients of AiTECH may file their complaints for unsatisfactory government service delivery and other issues and concerns that they have encountered in their transactions with the various offices in the school.

|                                                                                                       |                                                                                                        |                                                                                                                                      |                        |                                      |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                          | ANTIPOLO INSTITUTE OF TECHNOLOGY<br>All Sections                                                       |                                                                                                                                      |                        |                                      |
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                                                 |                                                                                                                                      |                        |                                      |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                      | G2C – Government to Citizen                                                                            |                                                                                                                                      |                        |                                      |
| <b>WHO MAY AVAIL:</b>                                                                                 | AiTECH clients                                                                                         |                                                                                                                                      |                        |                                      |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                      |                                                                                                        | <b>WHERE TO SECURE</b>                                                                                                               |                        |                                      |
| 1. Duly accomplished Complaint Form – Original copy<br>2. Any government-issued ID card – 1 photocopy |                                                                                                        | - Office of the Administrative and Finance (AFO)<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                        |                                      |
| <b>CLIENT STEPS</b>                                                                                   | <b>AGENCY ACTION</b>                                                                                   | <b>FEES TO BE PAID</b>                                                                                                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>            |
| 1. Submit the requirements.                                                                           | 1. Receive the requirements and verify the nature of the complaint.                                    | None                                                                                                                                 | 4 minutes              | Head, Office of the AFO              |
| 1.1 Proceed to the concerned office for an interview/dialogue.                                        | 1.1 Endorse the complaint to the Office concerned.                                                     | None                                                                                                                                 | 1 minute               |                                      |
| 2. Provide details of the complaint.                                                                  | 2. Interview the client and/or conduct dialogue with the staff / faculty concerned through a committee | None                                                                                                                                 | 1 hour                 | AFO Committee                        |
| 2.1 Obtain the desired resolution of the complaint.                                                   | 2.1 Resolve the issues and concerns raised by the client.                                              | None                                                                                                                                 | 5-15 minutes           | Section Head concerned               |
| 2.2 None                                                                                              | 2.2 Prepare the minutes of the interview/ dialogue to be noted by the Office of the President          | None                                                                                                                                 | 5-10 minutes           | Committee<br>Office of the President |

|                         |                                                                                                                                             |             |                           |          |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|----------|
| 3. Obtain a copy of the | 3. Provide the client with a copy of the minutes of the dialogue, its resolutions and ensure that the client has signed the receiving copy. | None        | 5 minutes                 | Head AFO |
| minutes of the          |                                                                                                                                             |             |                           |          |
| dialogue by signing     |                                                                                                                                             |             |                           |          |
| the receiving copy.     |                                                                                                                                             |             |                           |          |
|                         | <b>TOTAL:</b>                                                                                                                               | <b>None</b> | <b>1 hour, 35 minutes</b> |          |



# **SCHORLARSHIP OFFICE**

## **External Services**

## 1. ATHLETIC COLLEGE

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SCHOLARSHIP OFFICE                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SIMPLE                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G2C-GOVERNMENT TO CITIZEN                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Existing Scholars/ Applicants (if open application) |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WHERE TO SECURE                                     |
| <ol style="list-style-type: none"> <li>1. Letter of Request address to CITY GOVERNMENT OF ANTIPOLO</li> <li>2. PSA Birth Certificate of Applicant</li> <li>3. Certification from the school, college, or universities under the major college collegiate leagues of UAAP or NCCA</li> <li>4. Photo copy of latest registration form</li> <li>5. Photo copy of latest grades (previous semester)</li> <li>6. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> | Clients: Citizen/ Business                          |

| CLIENTS STEPS                                | AGENCY ACTION                                                                      | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE    |
|----------------------------------------------|------------------------------------------------------------------------------------|-----------------|-----------------|-----------------------|
| 1 Submit letter of request to Mayor's Office | 1 Receive the letter request and documents attach                                  | NONE            | 5-7 minutes     | Scholarship Personnel |
| 2 Attend schedule interview for (TSP & GS)   | 2 Interview schedule with Education consultant                                     |                 | 5 to10 minutes  | Education consultant  |
|                                              | 2.1 Give instruction when will be the result of interview release (if pass or not) |                 | 5 to 7 minutes  |                       |



|                                                                                                     |                                                                                         |             |                                     |                                    |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------|
| 3. Visit scholarship office for orientation                                                         | 3. Orientation of new scholars for Terms and Conditions                                 |             |                                     | Scholarship Personnel              |
| 2. Submission of Requirements                                                                       | 2. Accept, check and verified documents (give tentative claim date and contact details) | NONE        | 3-5 minutes (if Complete Documents) | Scholarship Personnel              |
| 2.1 Incomplete Requirements                                                                         | 2.1 Return all documents and instruct what to do.                                       | NONE        | 1-2 minutes                         |                                    |
| 3. Attend specific date, time, and venue of distribution (Bring Physical and photocopy of valid ID) | - Text, call scholars about the details of distribution of scholarship grant            | NONE        | 1 – 2 hours                         | Scholarship, Mayors, Treasury, PIO |
|                                                                                                     | <b>TOTAL:</b>                                                                           | <b>None</b> | <b>2 hours and 30 minutes</b>       |                                    |

## 2. REVIEW ASSISTANCE PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SCHOLARSHIP OFFICE                                                                                   |                              |                 |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------|-----------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIMPLE                                                                                               |                              |                 |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C-GOVERNMENT TO CITIZEN                                                                            |                              |                 |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Existing Scholars/ Applicants (if open application)                                                  |                              |                 |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      | WHERE TO SECURE              |                 |                       |
| <ol style="list-style-type: none"> <li>1. Letter of Request address to CITY GOVERNMENT OF ANTIPOLO</li> <li>2. PSA Birth Certificate of Applicant</li> <li>3. Registration form or Certificate of enrollment and official receipt (O.R.) from the review center</li> <li>4. Notice of Admission (NOA) from PRC- two (2) photocopies (to follow if available)</li> <li>5. 1 Recent 2x2 picture (6 months)</li> <li>6. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                                                                      | - Clients: Citizen/ Business |                 |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AGENCY ACTION                                                                                        | FEES TO BE PAID              | PROCESSING TIME | PERSON RESPONSIBLE    |
| <ol style="list-style-type: none"> <li>1. Submit letter of request to Mayor's Office</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ol style="list-style-type: none"> <li>1. Receive the letter request and documents attach</li> </ol> | NONE                         | 5-7 minutes     | Scholarship Personnel |
| <ol style="list-style-type: none"> <li>2. Attend schedule interview for (TSP &amp; GS)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ol style="list-style-type: none"> <li>2. Interview schedule with Education consultant</li> </ol>    |                              | 5 to10 minutes  | Education consultant  |

|                                             |                                                                                                                                                   |             |                   |                       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-----------------------|
| 3. Visit scholarship office for orientation | 2.1 Give instruction when will be the result of interview release (if pass or not)<br><br>3. Orientation of new scholars for Terms and Conditions |             | 5 to 7 minutes    | Scholarship Personnel |
|                                             | <b>TOTAL:</b>                                                                                                                                     | <b>None</b> | <b>25 minutes</b> |                       |

### 3. OFW DEPENDENT COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SCHOLARSHIP OFFICE                                  |                            |                 |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|-----------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SIMPLE                                              |                            |                 |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C-GOVERNMENT TO CITIZEN                           |                            |                 |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Existing Scholars/ Applicants (if open application) |                            |                 |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     | WHERE TO SECURE            |                 |                       |
| <ol style="list-style-type: none"> <li>1. Letter of Request address to CITY GOVERNMENT OF ANTIPOLO</li> <li>2. PSA Birth Certificate of Applicant</li> <li>3. Copy of Contract of the OFW relative working in abroad</li> <li>4. O.E.C (Overseas Employment Certificate)</li> <li>5. OWWA Member's Data Record OF Relative working abroad</li> <li>6. CENOMAR and PSA Birth Certificate of the applicant's siblings if applicable</li> <li>7. Photo copy of School Registration form</li> <li>8. Photo copy of latest grades (previous semester)</li> <li>9. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                 |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AGENCY ACTION                                       | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE    |
| 1. Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Receive the letter request and documents attach  | NONE                       | 5-7 minutes     | Scholarship Personnel |
| 2. Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Interview schedule with Education consultant     |                            | 5 to10 minutes  | Education consultant  |

|                                             |                                                                                                                                                   |             |                   |                       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-----------------------|
| 3. Visit scholarship office for orientation | 2.1 Give instruction when will be the result of interview release (if pass or not)<br><br>3. Orientation of new scholars for Terms and Conditions |             | 5 to 7 minutes    | Scholarship Personnel |
|                                             | <b>TOTAL</b>                                                                                                                                      | <b>None</b> | <b>25 minutes</b> |                       |

#### 4. WORKING STUDENT COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SCHOLARSHIP OFFICE                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIMPLE                                              |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C-GOVERNMENT TO CITIZEN                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Existing Scholars/ Applicants (if open application) |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WHERE TO SECURE                                     |
| <ol style="list-style-type: none"> <li>1. Letter of Request address to CITY GOVERNMENT OF ANTIPOLO</li> <li>2. PSA Birth Certificate of Applicant</li> <li>3. Certificate of Employment (Original copy)</li> <li>4. Photo copy of BIR form 2316 or Income Tax Return (ITR).as applicable to the applicant's income classification</li> <li>5. Photo copy of latest Grades</li> <li>6. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> | Clients: Citizen/ Business                          |

| CLIENT STEPS                                 | AGENCY ACTION                                                                      | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE    |
|----------------------------------------------|------------------------------------------------------------------------------------|-----------------|-------------------|-----------------------|
| 1 Submit letter of request to Mayor's Office | 1 Receive the letter request and documents attach                                  | NONE            | 5-7 minutes       | Scholarship Personnel |
| 2 Attend schedule interview for (TSP & GS)   | 2 Interview schedule with Education consultant                                     |                 | 5 to10 minutes    | Education consultant  |
|                                              | 2.1 Give instruction when will be the result of interview release (if pass or not) |                 | 5 to 7 minutes    | Scholarship Personnel |
| 3 Visit scholarship office for orientation   | 3 Orientation of new scholars for Terms and Conditions                             |                 |                   |                       |
|                                              | <b>TOTAL:</b>                                                                      | <b>None</b>     | <b>25 minutes</b> |                       |

#### 5. ANTIPOLLO COLLEGE EXCELLENCE SCHOLARSHIP PROGRAM (ACES)

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SCHOLARSHIP OFFICE                                  |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SIMPLE                                              |                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | G2C-GOVERNMENT TO CITIZEN                           |                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Existing Scholars/ Applicants (if open application) |                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     | WHERE TO SECURE            |
| <ol style="list-style-type: none"> <li>Completed Application Form with recent 2x2 ID photo</li> <li>Photo copy of PSA Birth Certificate</li> <li>Photo copy of DepEd form 138 certified by the school registrar or principal</li> <li>Photo copy of any of the following government IDs of applicant or any parent showing Antipollo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>National ID (PhilID/ePhilID)</li> <li>Driver's License</li> <li>Latest Voters Certificate</li> <li>Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |

| CLIENT STEPS                                 | AGENCY ACTION                                                                      | FEE TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE    |
|----------------------------------------------|------------------------------------------------------------------------------------|----------------|-------------------|-----------------------|
| 1 Submit letter of request to Mayor's Office | 1 Receive the letter request and documents attach                                  | NONE           | 5-7 minutes       | Scholarship Personnel |
| 2 Attend schedule interview for (TSP & GS)   | 2 Interview schedule with Education consultant                                     |                | 5 to 10 minutes   | Education consultant  |
|                                              | 2.1 Give instruction when will be the result of interview release (if pass or not) |                | 5 to 7 minutes    | Scholarship Personnel |
| 3 Visit scholarship office for orientation   | 3 Orientation of new scholars for Terms and Conditions                             |                |                   |                       |
|                                              | <b>TOTAL:</b>                                                                      | <b>None</b>    | <b>25 minutes</b> |                       |

## 6. SPED / PWD COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SCHOLARSHIP OFFICE                                  |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SIMPLE                                              |                            |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C-GOVERNMENT TO CITIZEN                           |                            |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Existing Scholars/ Applicants (if open application) |                            |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     | WHERE TO SECURE            |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Photo copy of latest PWD Identification Card</li> <li>4. Latest Medical Records or Medical Certificate (at least 1 year)</li> <li>5. Photo copy of latest registration form</li> <li>6. Photo copy of latest grades (previous semester)</li> <li>7. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application</li> </ol> |                                                     | Clients: Citizen/ Business |

| <ul style="list-style-type: none"> <li>• National ID (PhilliD/ePhilliD)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> |                                                                                    |                 |                   |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------|-------------------|-----------------------|
| CLIENT STEPS                                                                                                                                                                       | AGENCY ACTION                                                                      | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE    |
| 1 Submit letter of request to Mayor's Office                                                                                                                                       | 1 Receive the letter request and documents attach                                  | NONE            | 5-7 minutes       | Scholarship Personnel |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                         | 2 Interview schedule with Education consultant                                     |                 | 5 to 10 minutes   | Education consultant  |
|                                                                                                                                                                                    | 2.1 Give instruction when will be the result of interview release (if pass or not) |                 | 5 to 7 minutes    | Scholarship Personnel |
| 3 Visit scholarship office for orientation                                                                                                                                         | 3 Orientation of new scholars for Terms and Conditions                             |                 |                   |                       |
|                                                                                                                                                                                    | <b>TOTAL:</b>                                                                      | <b>None</b>     | <b>25 minutes</b> |                       |



## 7. INCENTIVES FOR TOP 10 BOARD/BAR TOPNOTCHER

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                            |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SCHOLARSHIP OFFICE                                                                 |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SIMPLE                                                                             |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C-GOVERNMENT TO CITIZEN                                                          |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Existing Scholars/ Applicants (if open application)                                |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Official document issued by the relevant examining body, such as the Professional Regulation Commission (PRC) or Supreme Court (for the Bar exam)</li> <li>3. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                                                    | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>AGENCY ACTION</b>                                                               | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1 Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 Receive the letter request and documents attach                                  | NONE                       | 5-7 minutes                | Scholarship Personnel         |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 Interview schedule with Education consultant                                     |                            | 5 to10 minutes             | Education consultant          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2.1 Give instruction when will be the result of interview release (if pass or not) |                            | 5 to 7 minutes             | Scholarship Personnel         |
| 3 Visit scholarship office for orientation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3 Orientation of new scholars for Terms and Conditions                             |                            |                            |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>TOTAL:</b>                                                                      | <b>None</b>                | <b>25<br/>minutes</b>      |                               |

## 8. TEACHER's SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SCHOLARSHIP OFFICE                                  |                            |                 |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|-----------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SIMPLE                                              |                            |                 |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2C-GOVERNMENT TO CITIZEN                           |                            |                 |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Existing Scholars/ Applicants (if open application) |                            |                 |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     | WHERE TO SECURE            |                 |                       |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government, noted by the principal</li> <li>2. Service record or Certificate of Employment (at least 6 months)</li> <li>3. Photo copy of PSA Birth Certificate</li> <li>4. Original Copy or Certified true copy PERFORMANCE RATING for the past 3 years or a certification of the school head, principal or the next higher official of the performance ratings of the Teachers or Non-Teaching applicant</li> <li>5. Certified True copy of latest approved appointment (Certified Photocopy)</li> <li>6. Personal Data Sheet (Form 212) W/ recent 2x2 colored picture (at least 6 months)</li> <li>7. Photo copy of latest school registration form</li> <li>8. Photo copy of latest grades (previous semester)</li> <li>9. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilliD/ePhilliD)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                 |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AGENCY ACTION                                       | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE    |
| 1 Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 Receive the letter request and documents attach   | NONE                       | 5-7 minutes     | Scholarship Personnel |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 Interview schedule with Education consultant      |                            | 5 to10 minutes  | Education consultant  |

|                                            |                                                                                                                                                  |             |                   |                       |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-----------------------|
| 3 Visit scholarship office for orientation | 2.1 Give instruction when will be the result of interview release (if pass or not)<br><br>3 Orientation of new scholars for Terms and Conditions |             | 5 to 7 minutes    | Scholarship Personnel |
|                                            | <b>TOTAL:</b>                                                                                                                                    | <b>None</b> | <b>25 minutes</b> |                       |

## 9. INSTRUCTIONAL SPIRITUAL EDUCATION SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                            |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|------------------------|---------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SCHOLARSHIP OFFICE                                                                 |                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIMPLE                                                                             |                            |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G2C-GOVERNMENT TO CITIZEN                                                          |                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Existing Scholars/ Applicants (if open application)                                |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    | <b>WHERE TO SECURE</b>     |                        |                           |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth</li> <li>3. Photo copy of latest registration form</li> <li>4. Photo copy of latest grades (previous semester)</li> <li>5. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                                                    | Clients: Citizen/ Business |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AGENCY ACTION</b>                                                               | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1 Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 Receive the letter request and documents attach                                  | NONE                       | 5-7 minutes            | Scholarship Personnel     |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 Interview schedule with Education consultant                                     |                            | 5 to 10 minutes        | Education consultant      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2.1 Give instruction when will be the result of interview release (if pass or not) |                            | 5 to 7 minutes         | Scholarship Personnel     |

|                                            |                                                        |             |                   |  |
|--------------------------------------------|--------------------------------------------------------|-------------|-------------------|--|
| 3 Visit scholarship office for orientation | 3 Orientation of new scholars for Terms and Conditions |             |                   |  |
|                                            | <b>TOTAL:</b>                                          | <b>None</b> | <b>25 minutes</b> |  |

## 10. ORPHAN COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SCHOLARSHIP OFFICE                                                                 |                            |                 |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|-----------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIMPLE                                                                             |                            |                 |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G2C-GOVERNMENT TO CITIZEN                                                          |                            |                 |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Existing Scholars/ Applicants (if open application)                                |                            |                 |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | WHERE TO SECURE            |                 |                       |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Proof of being orphan- Photocopy of Death Certificate of Parent/s and/or birth certificate showing parent/s is/are unknown</li> <li>4. Photo copy of latest registration form</li> <li>5. Photo copy of latest grades (previous semester)</li> <li>8. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                                                    | Clients: Citizen/ Business |                 |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AGENCY ACTION                                                                      | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE    |
| 1 Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 Receive the letter request and documents attach                                  | NONE                       | 5-7 minutes     | Scholarship Personnel |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 Interview schedule with Education consultant                                     |                            | 5 to10 minutes  | Education consultant  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.1 Give instruction when will be the result of interview release (if pass or not) |                            | 5 to 7 minutes  | Scholarship Personnel |

|                                            |                                                        |             |                   |  |
|--------------------------------------------|--------------------------------------------------------|-------------|-------------------|--|
| 3 Visit scholarship office for orientation | 3 Orientation of new scholars for Terms and Conditions |             |                   |  |
|                                            | <b>TOTAL:</b>                                          | <b>None</b> | <b>25 minutes</b> |  |

# 11. ANTIPOLLO CITY SCIENCE (ANSCI) GRADUATES COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                            |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|---------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SCHOLARSHIP OFFICE                                                                                                                           |                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SIMPLE                                                                                                                                       |                            |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | G2C-GOVERNMENT TO CITIZEN                                                                                                                    |                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Existing Scholars/ Applicants (if open application)                                                                                          |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | <b>WHERE TO SECURE</b>     |                        |                           |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipollo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Photocopy of DepEd Form 138 certified by the school registrar or principal</li> <li>4. Photocopy of AnSci Diploma</li> <li>5. Photo copy of any of the following government IDs of applicant or any parent showing Antipollo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                                                                                                              | Clients: Citizen/ Business |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                                                         | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1 Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 Receive the letter request and documents attach                                                                                            | NONE                       | 5-7 minutes            | Scholarship Personnel     |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 Interview schedule with Education consultant                                                                                               |                            | 5 to10 minutes         | Education consultant      |
| 3 Visit scholarship office for orientation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2.1 Give instruction when will be the result of interview release (if pass or not)<br>3 Orientation of new scholars for Terms and Conditions |                            | 5 to 7 minutes         | Scholarship Personnel     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                                | <b>None</b>                | <b>25 minutes</b>      |                           |

## 12. GRADUATE STUDIES PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                            |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SCHOLARSHIP OFFICE                                                                 |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SIMPLE                                                                             |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G2C-GOVERNMENT TO CITIZEN                                                          |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Existing Scholars/ Applicants (if open application)                                |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Certificate of Good Moral Character issued by school or employer</li> <li>4. Employment Certificate, if employed</li> <li>5. Photo copy of latest registration form</li> <li>6. Photo copy of latest grades (previous semester)</li> <li>7. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhiliD)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                                                    | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGENCY ACTION</b>                                                               | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1 Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 Receive the letter request and documents attach                                  | NONE                       | 5-7 minutes                | Scholarship Personnel         |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 Interview schedule with Education consultant                                     |                            | 5 to10 minutes             | Education consultan           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.1 Give instruction when will be the result of interview release (if pass or not) |                            |                            |                               |

|                                            |                                                        |             |                   |                       |
|--------------------------------------------|--------------------------------------------------------|-------------|-------------------|-----------------------|
| 3 Visit scholarship office for orientation | 3 Orientation of new scholars for Terms and Conditions |             | 5 to 7 minutes    | Scholarship Personnel |
|                                            | <b>TOTAL:</b>                                          | <b>None</b> | <b>25 minutes</b> |                       |

### 13. REHABILITATION SCIENCES SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |                            |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SCHOLARSHIP OFFICE                                  |                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SIMPLE                                              |                            |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G2C-GOVERNMENT TO CITIZEN                           |                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Existing Scholars/ Applicants (if open application) |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     | <b>WHERE TO SECURE</b>     |                        |                           |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Certificate of Good Moral certified by its college or university;</li> <li>4. Photo copy of latest registration form</li> <li>5. Photo copy of latest grades (previous semester)</li> <li>6. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>• National ID (PhilID/ePhilID)</li> <li>• Driver's License</li> <li>• Latest Voters Certificate</li> <li>• Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1 Submit letter of request to Mayor's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Receive the letter request and documents attach   | NONE                       | 5-7 minutes            | Scholarship Personnel     |
| 2 Attend schedule interview for (TSP & GS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 Interview schedule with Education consultant      |                            | 5 to 10 minutes        | Education consultant      |

|                                            |                                                                                                                                                  |             |                   |                       |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-----------------------|
| 3 Visit scholarship office for orientation | 2.1 Give instruction when will be the result of interview release (if pass or not)<br><br>3 Orientation of new scholars for Terms and Conditions |             | 5 to 7 minutes    | Scholarship Personnel |
|                                            | <b>TOTAL:</b>                                                                                                                                    | <b>None</b> | <b>25 minutes</b> |                       |





# **SCHOLARSHIP OFFICE**

## **Internal Services**



## 1. ALL SCHOLARSHIP PROGRAMS

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                            |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SCHOLARSHIP OFFICE                                  |                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIMPLE                                              |                            |                        |                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G2C-GOVERNMENT TO CITIZEN                           |                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Existing Scholars/ Applicants (if open application) |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | <b>WHERE TO SECURE</b>     |                        |                           |
| <ul style="list-style-type: none"> <li>Letter of Request address to CITY GOVERNMENT OF ANTIPOLO</li> <li>PSA Birth Certificate of Applicant</li> <li>Certification from the school, college, or universities under the major college collegiate leagues of UAAP or NCCA</li> <li>Photo copy of latest registration form</li> <li>Photo copy of latest grades (previous semester)</li> <li>Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application               <ul style="list-style-type: none"> <li>National ID (PhilID/ePhilID)</li> <li>Driver's License</li> <li>Latest Voters Certificate</li> <li>Philippine Passport</li> </ul> </li> </ul> |                                                     | Clients: Citizen/ Business |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <ul style="list-style-type: none"> <li>Waiting for update of validation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Checking and Validation of documents submitted   | NONE                       | 1 to 3 weeks           | Scholarship Personnel     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TOTAL:</b>                                       | None                       | 3 weeks                |                           |

## 2. REVIEW ASSISTANCE PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                            |                                                 |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SCHOLARSHIP OFFICE                                                                 |                            |                                                 |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SIMPLE                                                                             |                            |                                                 |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G2C-GOVERNMENT TO CITIZEN                                                          |                            |                                                 |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Existing Scholars/ Applicants (if open application)                                |                            |                                                 |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | <b>WHERE TO SECURE</b>     |                                                 |                               |
| <ul style="list-style-type: none"> <li>• Letter of Request address to CITY GOVERNMENT OF ANTIPOLO</li> <li>• PSA Birth Certificate of Applicant</li> <li>• Registration form or Certificate of enrollment and official receipt (O.R.) from the review center</li> <li>• Notice of Admission (NOA) from PRC- two (2) photocopies (to follow if available)</li> <li>• 1 Recent 2x2 picture (6 months)</li> <li>• Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application               <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ul> |                                                                                    | Clients: Citizen/ Business |                                                 |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>AGENCY ACTION</b>                                                               | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b>                      | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Checking and Validation of documents submitted                                  | NONE                       | 1 to 3 weeks                                    | Scholarship Personnel         |
| 2. Submission of documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 Check if the document submitted are correct                                      | NONE                       | 2 to 3 minutes                                  | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2.1 Processing of documents, preparation of payrolls, updating records in database | NONE                       | 1 to 2 months                                   |                               |
| 3. Attend distribution of scholarship grants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3 Text, call scholars about the details of scholarship distribution                | NONE                       | 1 to 3 hours                                    | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>TOTAL:</b>                                                                      | <b>None</b>                | <b>2 months, 3 weeks, 3 hours and 3 minutes</b> |                               |

### 3. OFW DEPENDENT COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                            |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SCHOLARSHIP OFFICE                                  |                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIMPLE                                              |                            |                        |                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G2C-GOVERNMENT TO CITIZEN                           |                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Existing Scholars/ Applicants (if open application) |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | <b>WHERE TO SECURE</b>     |                        |                           |
| 7. Letter of Request address to CITY GOVERNMENT OF ANTIPOLO<br>8. PSA Birth Certificate of Applicant<br>9. Copy of Contract of the OFW relative working in abroad<br>10. O.E.C (Overseas Employment Certificate)<br>11. OWWA Member's Data Record OF Relative working abroad<br>12. CENOMAR and PSA Birth Certificate of the applicant's siblings if applicable<br>13. Photo copy of School Registration form<br>14. Photo copy of latest grades (previous semester)<br>15. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> |                                                     | Clients: Citizen/ Business |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Checking and Validation of documents submitted   | NONE                       | 1 to 3 weeks           | Scholarship Personnel     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>         |                           |

#### 4. WORKING STUDENT COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                            |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SCHOLARSHIP OFFICE                                  |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SIMPLE                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G2C-GOVERNMENT TO CITIZEN                           |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Existing Scholars/ Applicants (if open application) |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>1. Letter of Request address to CITY GOVERNMENT OF ANTIPOLO</li> <li>2. PSA Birth Certificate of Applicant</li> <li>3. Certificate of Employment (Original copy)</li> <li>4. Photo copy of BIR form 2316 or Income Tax Return (ITR).as applicable to the applicant's income classification</li> <li>5. Photo copy of latest Grades</li> <li>6. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application               <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| <ul style="list-style-type: none"> <li>• Waiting for update of validation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks               | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>TOTAL:</b>                                       | None                       | <b>3 weeks</b>             |                               |

## 5. ANTIPOLLO COLLEGE EXCELLENCE SCHOLARSHIP PROGRAM (ACES)

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SCHOLARSHIP OFFICE                                  |                            |                 |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|-----------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SIMPLE                                              |                            |                 |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C-GOVERNMENT TO CITIZEN                           |                            |                 |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Existing Scholars/ Applicants (if open application) |                            |                 |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | WHERE TO SECURE            |                 |                       |
| <ul style="list-style-type: none"> <li>Completed Application Form with recent 2x2 ID photo</li> <li>Photo copy of PSA Birth Certificate</li> <li>Photo copy of DepEd form 138 certified by the school registrar or principal</li> <li>Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application                             <ul style="list-style-type: none"> <li>National ID (PhilID/ePhilID)</li> <li>Driver's License</li> <li>Latest Voters Certificate</li> <li>Philippine Passport</li> </ul> </li> </ul> |                                                     | Clients: Citizen/ Business |                 |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AGENCY ACTION                                       | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE    |
| <ul style="list-style-type: none"> <li>Waiting for update of validation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks    | Scholarship Personnel |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | <b>None</b>                | <b>3 weeks</b>  |                       |

## 6. SPED / PWD COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |                            |                            |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SCHOLARSHIP OFFICE                                  |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SIMPLE                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C-GOVERNMENT TO CITIZEN                           |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Existing Scholars/ Applicants (if open application) |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| <ul style="list-style-type: none"> <li>• Letter of intent address to the Antipolo City Government</li> <li>• Photo copy of PSA Birth Certificate</li> <li>• Photo copy of latest PWD Identification Card</li> <li>• Latest Medical Records or Medical Certificate (at least 1 year)</li> <li>• Photo copy of latest registration form</li> <li>• Photo copy of latest grades (previous semester)</li> <li>• Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application               <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ul> |                                                     | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| <ul style="list-style-type: none"> <li>• Waiting for update of validation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks               | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>             |                               |

## 7. INCENTIVES FOR TOP 10 BOARD/BAR TOPNOTCHER

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     |                            |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SCHOLARSHIP OFFICE                                  |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIMPLE                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G2C-GOVERNMENT TO CITIZEN                           |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Existing Scholars/ Applicants (if open application) |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| <ul style="list-style-type: none"> <li>• Letter of intent address to the Antipolo City Government</li> <li>• Official document issued by the relevant examining body, such as the Professional Regulation Commission (PRC) or Supreme Court (for the Bar exam)</li> <li>• Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application                             <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ul> |                                                     | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks               | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>             |                               |



## 8. TEACHER's SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SCHOLARSHIP OFFICE                                  |                            |                 |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|-----------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIMPLE                                              |                            |                 |                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G2C-GOVERNMENT TO CITIZEN                           |                            |                 |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Existing Scholars/ Applicants (if open application) |                            |                 |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | WHERE TO SECURE            |                 |                       |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government, noted by the principal</li> <li>2. Service record or Certificate of Employment (at least 6 months)</li> <li>3. Photo copy of PSA Birth Certificate</li> <li>4. Original Copy or Certified true copy PERFORMANCE RATING for the past 3 years or a certification of the school head, principal or the next higher official of the performance ratings of the Teachers or Non-Teaching applicant</li> <li>5. Certified True copy of latest approved appointment (Certified Photocopy)</li> <li>6. Personal Data Sheet (Form 212) W/ recent 2x2 colored picture (at least 6 months)</li> <li>7. Photo copy of latest school registration form</li> <li>8. Photo copy of latest grades (previous semester)</li> <li>9. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                 |                       |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AGENCY ACTION                                       | FEES TO BE PAID            | PROCESSING TIME | PERSON RESPONSIBLE    |
| 1. Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks    | Scholarship Personnel |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>  |                       |

## 9. INSTRUCTIONAL SPIRITUAL EDUCATION SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                            |                            |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SCHOLARSHIP OFFICE                                  |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIMPLE                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G2C-GOVERNMENT TO CITIZEN                           |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Existing Scholars/ Applicants (if open application) |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth</li> <li>3. Photo copy of latest registration form</li> <li>4. Photo copy of latest grades (previous semester)</li> <li>5. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| <ul style="list-style-type: none"> <li>• Waiting for update of validation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks               | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TOTAL:</b>                                       | None                       | 3 weeks                    |                               |

## 10. ORPHAN COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |                            |                        |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SCHOLARSHIP OFFICE                                  |                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIMPLE                                              |                            |                        |                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G2C-GOVERNMENT TO CITIZEN                           |                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Existing Scholars/ Applicants (if open application) |                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     | <b>WHERE TO SECURE</b>     |                        |                           |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Proof of being orphan- Photocopy of Death Certificate of Parent/s and/or birth certificate showing parent/s is/are unknown</li> <li>4. Photo copy of latest registration form</li> <li>5. Photo copy of latest grades (previous semester)</li> <li>6. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                | <b>FEES TO BE PAID</b>     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks           | Scholarship Personnel     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>         |                           |

## 11. ANTIPOLLO CITY SCIENCE (ANSCI) GRADUATES COLLEGE SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                            |                            |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SCHOLARSHIP OFFICE                                  |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SIMPLE                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G2C-GOVERNMENT TO CITIZEN                           |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Existing Scholars/ Applicants (if open application) |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>Letter of intent address to the Antipollo City Government</li> <li>Photo copy of PSA Birth Certificate</li> <li>Photocopy of DepEd Form 138 certified by the school registrar or principal</li> <li>Photocopy of AnSci Diploma</li> <li>Photo copy of any of the following government IDs of applicant or any parent showing Antipollo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>National ID (PhilID/ePhilID)</li> <li>Driver's License</li> <li>Latest Voters Certificate</li> <li>Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks               | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>             |                               |

## 12. GRADUATE STUDIES PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |                            |                            |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SCHOLARSHIP OFFICE                                  |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SIMPLE                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G2C-GOVERNMENT TO CITIZEN                           |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Existing Scholars/ Applicants (if open application) |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Certificate of Good Moral Character issued by school or employer</li> <li>4. Employment Certificate, if employed</li> <li>5. Photo copy of latest registration form</li> <li>6. Photo copy of latest grades (previous semester)</li> <li>7. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1.Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks               | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>             |                               |

### 13. REHABILITATION SCIENCES SCHOLARSHIP PROGRAM

The City Scholarship Office attends to the Clients requesting who wants to avail/ submit requirements for scholarship Programs of the City.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |                            |                            |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SCHOLARSHIP OFFICE                                  |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SIMPLE                                              |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G2C-GOVERNMENT TO CITIZEN                           |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Existing Scholars/ Applicants (if open application) |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     | <b>WHERE TO SECURE</b>     |                            |                               |
| <ol style="list-style-type: none"> <li>1. Letter of intent address to the Antipolo City Government</li> <li>2. Photo copy of PSA Birth Certificate</li> <li>3. Certificate of Good Moral certified by its college or university;</li> <li>4. Photo copy of latest registration form</li> <li>5. Photo copy of latest grades (previous semester)</li> <li>6. Photo copy of any of the following government IDs of applicant or any parent showing Antipolo residency, Issued at least 1 year before application <ul style="list-style-type: none"> <li>- National ID (PhilID/ePhilID)</li> <li>- Driver's License</li> <li>- Latest Voters Certificate</li> <li>- Philippine Passport</li> </ul> </li> </ol> |                                                     | Clients: Citizen/ Business |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>AGENCY ACTION</b>                                | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1 Waiting for update of validation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Receive the letter request                       | NONE                       | 1 to 3 weeks               | Scholarship Personnel         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>TOTAL:</b>                                       | <b>None</b>                | <b>3 weeks</b>             |                               |



# **HEALTH AND HOSPITAL SERVICES**



# **City Health Office**

## **External Services**





## 1. CONSULTATION: FREE MEDICAL CONSULTATION

The City Health Office (CHO) provides free medical assistance to Antipolo residents for the diagnosis and treatment of common illnesses. The office is also an accredited Philhealth YAKAP provider, providing the outpatient coverage of Philhealth. As part of its extended services, CHO has assigned Medical Officers in the sixteen (16) barangays for the provision of free medical consultation services to their constituents.

|                                                                                                                            |                                                                                                                                          |                        |                        |                           |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                               | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                      |                        |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                     | Simple                                                                                                                                   |                        |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                               | G2C – Government to Citizen                                                                                                              |                        |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                      | Antipolo residents                                                                                                                       |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                           |                                                                                                                                          | <b>WHERE TO SECURE</b> |                        |                           |
| Patient Information Card (if any)                                                                                          |                                                                                                                                          | None                   |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                        | <b>AGENCY ACTION</b>                                                                                                                     | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. <i>Existing Client:</i><br>Present the Patient Information Card (PIC) and get a queue number from the Information Desk. | 1. Received and check the requirement.<br>Issue a queue number.                                                                          | None                   | 1 minute               | Information Clerk         |
| <i>New Client:</i><br>Get PIC from the Information Desk.<br>Accomplish the PIC.                                            | Request the client to accomplish the PIC.                                                                                                |                        |                        |                           |
| Once accomplished, submit the PIC to the Information Desk                                                                  | Received and check the PIC.<br>Issue a queue number.                                                                                     |                        |                        |                           |
| 1.1 Proceed to the PhilHealth Encoder for YAKAP Facility Check and registration.                                           | 1.1 Direct the client towards the Anthropometric area for height and weight.                                                             | None                   | -                      | Information Clerk         |
|                                                                                                                            | 1.2 Submit the PIC card to the Records Section                                                                                           |                        |                        | Information Clerk         |
|                                                                                                                            | 1.3 Received the PIC<br><i>For New Client:</i><br>Attach the PIC on the new Patients Record Form (PRF) and write the clients information |                        | 2 minutes              | Records Clerk             |

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                           |      |           |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|-------------------|
|                                                                                                                                                                                                                                                             | <p><i>For Existing Client:</i><br/>Retrieve the client's PRF from the file and attach the PIC</p> <p>1.4 Submit the PRF to the PhilHealth YAKAP Registration Encoder to check clients YAKAP Facility</p>                                                                                                                                                                                                  |      |           | Records Clerk     |
| <p>2. Proceed to YAKAP Registration</p> <p>2.1 Register to chosen YAKAP Facility</p> <ul style="list-style-type: none"> <li>Sign Mutual Care Agreement</li> </ul> <p>2.2 Proceed to Anthropometric Are for height and weight measurement then to Step 3</p> | <p>2. Check if client is registered to the facility as YAKAP Provider:</p> <ul style="list-style-type: none"> <li>If not, provide information regarding PhilHealth YAKAP coverage. Register to facility if client opt to choose the facility as YAKAP provider</li> <li>If registered, have the client sign the Mutual Care Agreement</li> </ul> <p>2.1 Transfer PRF to nurses for initial interview.</p> | None | 2 minutes | Encoder           |
| <p>3. Submit to Anthropometric measurement for height and weight</p> <p>3.1 Proceed to the waiting area for queuing.</p>                                                                                                                                    | <p>3. Get the client Anthropometric measurement and write in a designated piece of paper.</p> <p>3.1 Direct the client towards the waiting area</p>                                                                                                                                                                                                                                                       | None | -         | Nursing Assistant |
| <p>4. Once called, proceed to the Nurse Station for triage.</p> <p>Submit the piece of paper with height and weight measurement</p> <p>4.1 Submit to triage.</p> <p>3.2 Proceed to the available Medical Officer for consultation.</p>                      | <p>4. Receive the piece of paper with height and weight measurements.</p> <p>4.1 Get the client's vital signs: Temperature, BP, and pulse rate</p> <p>3.1.1 Write the vital Signs, Anthropometric measurement and chief complaint on the PRF</p> <p>3.2 Refer the client to the available Medical Officer.</p>                                                                                            | None | -         | Nurse             |
|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                           | None | 2 minutes | Nurse             |
|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                           | None | 1 minute  | Nurse             |

|                                                                                           |                                                                                                                                                                                                                                                                 |      |           |                        |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|------------------------|
|                                                                                           |                                                                                                                                                                                                                                                                 |      |           |                        |
| 4 . Submit to physical examination, evaluation, and management.                           | 4. Examine the patient and give the diagnosis and or diagnostic procedures needed.                                                                                                                                                                              | None | 5 minutes | Medical Officer        |
| 4.1 Secure a prescription, if any.                                                        | 4.1. Issue the prescription and advise the patient of his/her follow-up checkup, if any. Issue an electronic generated prescription if medicine is applicable.                                                                                                  | None |           | Medical Officer        |
| 4.2 Proceed to PhilHealth YAKAP.                                                          | 4.2 Advise the patient to proceed to the PhilHealth YAKAP section                                                                                                                                                                                               | None |           | Medical Officer        |
| 4.3 Submit to an interview and fill out the eKas and/or ePresS                            | 4.3 Interview the patient and encode the data in Eureka and ask the patient to fill out the Electronic YAKAP Availment Slip (eKas) and/or Electronic Prescription Slip (ePresS)                                                                                 | None | 3 minutes | PhilHealth YAKAP Staff |
| 4.4 Submit to PCU, an online facial recognition to verify identity                        | 4.4 Perform Philhealth Check Utility to validate members identity and PhilSys registration                                                                                                                                                                      |      |           | PhilHealth YAKAP Staff |
| 4.4.1 Obtain information for free PhilHealth registration                                 | 4.4.1 If the patient is not a PhilHealth member, free PhilHealth Registration is available.                                                                                                                                                                     |      |           |                        |
| Fill-out the PhilHealth Member Registration Form (PMRF) and submit the required documents | Advise the patient to fill-out PhilHealth Member Registration Form (PMRF) and attached a copy of valid ID.<br><br>For dependent 20 years old and below, a copy of birth certificate is required.<br>For the spouse, a copy of Marriage Certificate is required. |      |           |                        |

|                                                                                                                                                                                                     |                                                                                                                                                                                                |             |                   |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|------------|
| <p>4.4 Proceed to pharmacy to avail of free medicine and/or laboratory area for laboratory test</p> <p><i>(For laboratory tests, proceed to No. 11, Secondary Clinical Laboratory Services)</i></p> | <p>4.4 Advise the patient to proceed to the pharmacy to avail of free medicine, if there is a prescription issued; and/or proceed to the laboratory area if a laboratory test is required.</p> |             |                   |            |
| <p>5 . Show the prescription to the Pharmacist and receive the available medicine/s.</p>                                                                                                            | <p>5 . Check the prescription, encode it in the system, and issue the available medicine/s.</p>                                                                                                | None        | 2 minutes         | Pharmacist |
|                                                                                                                                                                                                     | <b>TOTAL:</b>                                                                                                                                                                                  | <b>None</b> | <b>18 minutes</b> |            |

## 2. DENTAL CHECK-UP AND OR TOOTH EXTRACTION

The City Health Office (CHO) also provides dental consultation services as well as oral examination and tooth extraction to patients to ensure their proper and adequate oral hygiene. These services are available in every Barangay Health Center.

| <b>OFFICE/<br/>DIVISION:</b>                                       | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                                                                                         |                    |                    |                       |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                             | Simple                                                                                                                                                                                                                                      |                    |                    |                       |
| <b>TYPES OF TRANSACTION:</b>                                       | G2C – Government to Citizen                                                                                                                                                                                                                 |                    |                    |                       |
| <b>WHO MAY AVAIL:</b>                                              | Antipolo residents                                                                                                                                                                                                                          |                    |                    |                       |
| CHECKLIST OF REQUIREMENTS                                          |                                                                                                                                                                                                                                             | WHERE TO SECURE    |                    |                       |
| None                                                               |                                                                                                                                                                                                                                             | N/A                |                    |                       |
| CLIENT STEPS                                                       | AGENCY ACTION                                                                                                                                                                                                                               | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Get a Dental queue number from the Information Desk.            | 1. Issue a Dental queue number and direct the client towards the Dental Section.                                                                                                                                                            | None               | 1 minute           | Information Clerk     |
| 1.1 Proceed to the Dental Section and submit for an interview.     | 1.1 <i>For New Client:</i><br>Interview the client and fill-out the Dental Record Form.<br><br><i>For Existing Client:</i><br>Retrieve the client's Dental Record from the file, interview the client, and fill-out the Dental Record Form. | None               | 5 minutes          | Dental Aide           |
| 1.2 Proceed to the waiting area for queuing.                       | 1.2 Advise the client to queue in the waiting area.                                                                                                                                                                                         | None               | -                  | Dental Aide           |
| 2. Once called, proceed to the Dental Room for dental examination. | 2. Perform dental examination.                                                                                                                                                                                                              | None               | 5 minutes          | Dentist               |
| 3. Once called, proceed to the Dental Room for tooth extraction.   | 3. Do anesthetic application and perform tooth extraction.                                                                                                                                                                                  | None               | 10 minutes         | Dentist               |
| 3.1 Receive dental care instruction, and or prescription.          | 3.1. Give dental care instructions, and issue a prescription, if any.                                                                                                                                                                       | None               | 2 minutes          | Dentist               |

|                                                                                  |                                                               |             |                   |            |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|-------------|-------------------|------------|
| 4. Show the prescription to the Pharmacist and receive the available medicine/s. | 4. Check the prescription and issue the available medicine/s. | None        | 2 minutes         | Pharmacist |
| <b>TOTAL:</b>                                                                    |                                                               | <b>None</b> | <b>25 minutes</b> |            |

### 3. HIV AND STI TESTING SERVICES

The City Health Office (CHO) through the Social Hygiene Clinic (SHC) handles the detection and treatment of Sexually Transmitted Infections (STIs) particularly among high-risk groups and facilitates the conduct of HIV Counseling and Testing.

|                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                         |                                              |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------|
| OFFICE/<br>DIVISION:                                                                                                                                                                   | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION – SOCIAL HYGIENE CLINIC (SHC)                                                                                                                                                 |                                                                                         |                                              |                                                                              |
| CLASSIFICATION:                                                                                                                                                                        | Simple                                                                                                                                                                                                                            |                                                                                         |                                              |                                                                              |
| TYPES OF TRANSACTION:                                                                                                                                                                  | G2C – Government to Citizen                                                                                                                                                                                                       |                                                                                         |                                              |                                                                              |
| WHO MAY AVAIL:                                                                                                                                                                         | Individuals vulnerable to STI and HIV diseases                                                                                                                                                                                    |                                                                                         |                                              |                                                                              |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                              |                                                                                                                                                                                                                                   | WHERE TO SECURE                                                                         |                                              |                                                                              |
| 1. Secure a confirmed online schedule – screenshot or printed copy (Optional)<br>2 . For walk-in client – None                                                                         |                                                                                                                                                                                                                                   | <a href="https://www.facebook.com/antipoloSHC">https://www.facebook.com/antipoloSHC</a> |                                              |                                                                              |
| For Online Booked and Walked-in Clients:                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                         |                                              |                                                                              |
| CLIENT STEPS                                                                                                                                                                           | AGENCY ACTION                                                                                                                                                                                                                     | FEES TO BE PAID                                                                         | PROCESSING TIME                              | PERSON RESPONSIBLE                                                           |
| 1. Proceed to the CHO SHC triage.<br><br>Fill out the electronic Health Declaration Form (eHDF).<br><br>1.1 Submit for an interview.<br><br><br><br>1.1 Submit to pre-test counseling. | 1. Advise the client to fill out the electronic Health Declaration Form (eHDF).<br><br>1.1 Conduct client interviews while completing the HIV Testing and Screening (HTS) Form.<br><br><br><br>1.1 Conduct a pre-test counseling. | None                                                                                    | 5 minutes                                    | Nurse                                                                        |
| 2. Proceed to the waiting area                                                                                                                                                         | 2. Submit the HTS form to the laboratory.                                                                                                                                                                                         | None                                                                                    | 2 minutes                                    | Nurse                                                                        |
| 3. Once called, proceed to the Blood Extraction Area<br><br>3.1 Wait for the STI/HIV test result<br><br><br>3.2 Receive the STI/HIV test result                                        | 3. Perform blood extraction<br><br>3.1 Examine the specimen.<br><br><br>3.2 Prepare and issue the examination test result.                                                                                                        | None<br><br>None<br><br>None                                                            | 3 minutes<br><br>30 minutes<br><br>2 minutes | Medical Technologist<br><br>Medical Technologist<br><br>Medical Technologist |

|                                                                                              |                                                                                                         |             |                   |                   |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|-------------------|-------------------|
| 4. Submit the STI/HIV test result to the SHC Staff/Nurse for post-test counseling            | 4 . Receive the STI/HIV test result and conduct post-test counseling                                    | None        | 5 minutes         | SHC Staff / Nurse |
| 4.1 Submit to SHC Consultation (with symptomatic or asymptomatic positive laboratory result) | 4.1 Advise the client with symptomatic or asymptomatic positive results, to proceed to SHC consultation |             |                   |                   |
| <b>TOTAL:</b>                                                                                |                                                                                                         | <b>None</b> | <b>47 minutes</b> |                   |

**Consultation for SHC client:**

| CLIENT STEPS                                                                                                   | AGENCY ACTION                                                                                                                                                        | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE  |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------|
| 1. Proceed to SHC Consultation                                                                                 | 1. For <i>New Client</i> :                                                                                                                                           | None            | 2 minutes       | SHC Nurse           |
| 1.1 Submit to triage.                                                                                          | Write the information of the client to Patients Record Form (PRF)<br><br>● For <i>Existing Client</i> :<br>Retrieve the client's PRF                                 |                 |                 |                     |
| 1.2 Proceed to the SHC Medical Officer for consultation.                                                       | 1.1 Get the client's vital signs:<br>Temperature, BP, height, weight, and pulse rate and write it in the PRF<br><br>1.2 Refer the client to the SHC Medical Officer. | None            | 1 minute        | SHC Nurse           |
| 2 . Submit to physical examination, evaluation, and management.                                                | 2. Examine the patient and give the diagnosis and or diagnostic procedures needed.                                                                                   | None            | 30 minutes      | SHC Medical Officer |
| 2.1 Secure a prescription, and/or laboratory request, if any.                                                  | 2.1 Issue the prescription and advise the patient of his/her follow-up checkup, if any                                                                               |                 |                 |                     |
| Obtain information on the advice of a Medical Officer for referral to a Medical Specialist or hospital, if any | Issue a laboratory request depending on the initial impression, if any<br><br>Refer to a Medical Specialist or hospital, if needed                                   |                 |                 |                     |
| 2.2 Proceed to pharmacy to avail of free medicine and/or laboratory area for laboratory test                   | 2.2 Advise the patient to proceed to the pharmacy to avail of free medicine, if there is a                                                                           |                 |                 |                     |

|                                                                                   |                                                                                             |             |                   |            |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------|-------------------|------------|
| (For laboratory tests, proceed to No. 11, Secondary Clinical Laboratory Services) | prescription issued; and/or proceed to the laboratory area if a laboratory test is required |             |                   |            |
| 4. Show the prescription to the Pharmacist and receive the available medicine/s.  | 3. Check the prescription, encode it in the system, and issue the available medicine/s.     | None        | 2 minutes         | Pharmacist |
|                                                                                   | <b>TOTAL:</b>                                                                               | <b>None</b> | <b>35 minutes</b> |            |

## 4. ISSUANCE OF SANITARY PERMIT

Pursuant to Presidential Decree No. 856 otherwise known as the Sanitation Code of the Philippines, any and all persons and entities shall first secure a sanitary permit from the local health authority in order to operate business.

|                                                                                                                |                                                                                   |                                              |                 |                          |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|-----------------|--------------------------|
| OFFICE/<br>DIVISION:                                                                                           | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD)   |                                              |                 |                          |
| CLASSIFICATION:                                                                                                | Simple                                                                            |                                              |                 |                          |
| TYPES OF TRANSACTION:                                                                                          | G2B – Government to Business                                                      |                                              |                 |                          |
| WHO MAY AVAIL:                                                                                                 | Business Operators and Owners                                                     |                                              |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                                                      |                                                                                   | WHERE TO SECURE                              |                 |                          |
| 1 . Recent Business Permit                                                                                     |                                                                                   | Business Permits and Licensing Office (BPLO) |                 |                          |
| FOR MANUAL BUSINESS PERMIT APPLICATION (NGOs)                                                                  |                                                                                   |                                              |                 |                          |
| CLIENT STEPS                                                                                                   | AGENCY ACTION                                                                     | FEES TO BE PAID                              | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirement to the City Health Office – Environmental Health and Sanitation Division (CHO-EHSD). | 1. Receive and check the requirement.                                             | None                                         | 2 minutes       | Sanitation Inspector     |
| 1.1 Secure an Order of Payment                                                                                 | 1.1 Issue the Order of Payment and advise the client to proceed with the payment. | None                                         | 2 minutes       | Sanitation Inspector     |
| 2. Pay the required fees to the Cashier by showing the Order of Payment                                        | 2. Accept the payment based on the Order of Payment                               | Sanitary Permit Fee – PHP 300.00             | 2 minutes       | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt                                                                                 | 2.1 Issue the Official Receipt.                                                   | None                                         | 1 minute        | Revenue Collection Clerk |



|                                                              |                                                                                    |             |                   |                      |
|--------------------------------------------------------------|------------------------------------------------------------------------------------|-------------|-------------------|----------------------|
| 3. Proceed to the CHO-EHSD, show the Official Receipt        | 3. Check the Official Receipt. Prepare and sign the Sanitary Permit.               | None        | 4 minutes         | Sanitation Inspector |
| 3.1 Sign the Release Log Book and claim the Sanitary Permit. | 3.1 Request the client to sign the Release Log Book and issue the Sanitary Permit. |             |                   |                      |
| Note:                                                        |                                                                                    |             |                   |                      |
| a. New business – subject to pre-inspection.                 |                                                                                    |             |                   |                      |
| b. Renewal – for scheduled inspection.                       |                                                                                    |             |                   |                      |
| <b>TOTAL:</b>                                                |                                                                                    | <b>None</b> | <b>10 minutes</b> |                      |

| FOR ONLINE BUSINESS PERMIT APPLICATION                    |                                                                                     |                                                                                                                                               |                  |                      |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|
| CHECKLIST OF REQUIREMENTS                                 |                                                                                     | WHERE TO SECURE                                                                                                                               |                  |                      |
| Unified Assessment Form Business Tax Payment Receipt      |                                                                                     | Business Permits and Licensing Office (BPLO)<br><a href="https://antipoloonline.egapsonline.com/">https://antipoloonline.egapsonline.com/</a> |                  |                      |
| CLIENT STEPS                                              | AGENCY ACTION                                                                       | FEES TO BE PAID                                                                                                                               | PROCESSING TIME  | PERSON RESPONSIBLE   |
| 1. Open the link and comply with the requirements online. | 1. Check the requirements submitted online.                                         | Payment for the Sanitary Permit is already included in the Unified Assessment Form Business Tax Payment Receipt.                              | 2 minutes        | Sanitation Inspector |
| 1.1 Wait for the approval of the application.             | 1.1 Encode the necessary remarks:<br>Approved; or need to submit other requirements |                                                                                                                                               |                  |                      |
| <b>TOTAL:</b>                                             |                                                                                     | <b>Included in the Unified Assessment Form Business Tax Payment Receipt</b>                                                                   | <b>2 minutes</b> |                      |

## 5. ISSUANCE OF HEALTH CERTIFICATE ID / MEDICAL CERTIFICATE

A Health Certificate ID / Medical Certificate is one of the requirements for securing vital documents for school enrollment, job application, and securing a driver's license or visa.

**For Health Certificate Identification (HCID) card:**

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                         | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD) |                                                                                                                                                                                                                                                                                                                   |                 |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                               | Simple                                                                          |                                                                                                                                                                                                                                                                                                                   |                 |                      |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                         | G2C – Government to Citizen;<br>G2B – Government to Business                    |                                                                                                                                                                                                                                                                                                                   |                 |                      |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                | Business Operators and Owners                                                   |                                                                                                                                                                                                                                                                                                                   |                 |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                            |                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                   |                 |                      |
| 1. Health Certificate Application Registration Code (HCARC) – screenshot or printed copy (Optional)<br><br><i>For food handlers:</i><br>1. Chest x-ray result – 1 photocopy<br><br><i>For non-food handlers:</i><br>1. Chest x-ray result – 1 photocopy<br>2. Urinalysis result – 1 photocopy<br>3. Fecalalysis result – 1 photocopy |                                                                                 | - <a href="https://clearance.eastlandprintink.com/health/Rizal/antipolo">https://clearance.eastlandprintink.com/health/Rizal/antipolo</a><br><br>- Any laboratory or diagnostic center accredited by the Department of Health<br><br>- Any laboratory or diagnostic center accredited by the Department of Health |                 |                      |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                         | AGENCY ACTION                                                                   | FEES TO BE PAID                                                                                                                                                                                                                                                                                                   | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Secure Health Certificate ID (HCID) from the Information Desk.                                                                                                                                                                                                                                                                    | 1. Issue an HCID queue number.                                                  | None                                                                                                                                                                                                                                                                                                              | 2 minutes       | Information Desk     |
| 1.1 Proceed to the waiting area for queuing.                                                                                                                                                                                                                                                                                         | 1.1 Advise the client to queue in the waiting area.                             | None                                                                                                                                                                                                                                                                                                              |                 |                      |
| 2. Once called, submit the laboratory result/s.                                                                                                                                                                                                                                                                                      | 2. Receive the laboratory result/s and check as to validity.                    | None                                                                                                                                                                                                                                                                                                              | 3 minutes       | Sanitation Inspector |
| 2.1 Retrieve the original copy of the laboratory results.                                                                                                                                                                                                                                                                            | 2.1 Return the original copy of the documents.                                  | None                                                                                                                                                                                                                                                                                                              |                 |                      |
| 2.2 If the submitted laboratory results are found with abnormality, proceed to the Consultation Section.                                                                                                                                                                                                                             | 2.2 Advise the client to proceed to the Consultation Section.                   | None                                                                                                                                                                                                                                                                                                              |                 |                      |
| If the submitted laboratory results are all in the normal range,                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                                                                                                                                                                                                                                                   |                 |                      |

|                                                                                                                     |                                                                                                                            |                                                                     |                                                      |                          |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|--------------------------|
| secure and fill out the Health Certificate Application Form (HCAF).                                                 | Issue an HCAF.                                                                                                             | None                                                                |                                                      |                          |
| 3. Pay the required fees to the Cashier by showing the HCAF.                                                        | 3. Check the HCAF and accept the payment.                                                                                  | Health Certificate ID / Medical Certificate Fee – PHP 150.00        | 2 minutes                                            | Revenue Collection Clerk |
| 3.1 Secure an Official Receipt.                                                                                     | 3.1 Issue the Official Receipt.                                                                                            | None                                                                | 1 minute                                             | Revenue Collection Clerk |
| 4. Proceed to the Encoding Section, show the Official Receipt together with the HCARC, if any, and submit the HCAF. | 4. Check the Official Receipt and HCARC and receive the HCAF for encoding of the client's data (if not registered online). | None                                                                | 5 minutes (with HCARC)<br>10 minutes (without HCARC) | Encoder                  |
| 4.1 Submit to biometric registration.                                                                               | 4.1 Capture the client's face photograph, fingerprint biometrics and signature.                                            | None                                                                |                                                      | Encoder                  |
| 4.2 Return to the waiting area to queue for the release of the HCID.                                                | 4.2 Print the HCID and forward to the Lamination Operator                                                                  | None                                                                |                                                      | Encoder                  |
| 4.3 Once called, receive the HCID.                                                                                  | 4.3 Laminate the HCID. Call the client and release the HCID.                                                               | None                                                                | 2 minutes                                            | Lamination Operator      |
| (Only for clients whose laboratory results are all in the normal range)                                             | <b>TOTAL:</b>                                                                                                              | <b>Health Certificate ID / Medical Certificate Fee – PHP 150.00</b> | <b>15 minutes</b>                                    | - With HCARC             |
|                                                                                                                     |                                                                                                                            |                                                                     | <b>20 minutes</b>                                    | - Without HCARC          |

**For Medical Certificate (Employment Purposes):**

|                                     |                                                                                                 |
|-------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>            | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                             |
| <b>CLASSIFICATION:</b>              | Simple                                                                                          |
| <b>TYPES OF TRANSACTION:</b>        | G2C – Government to Citizen;<br>G2B – Government to Business;<br>G2G – Government to Government |
| <b>WHO MAY AVAIL:</b>               | Employees (government and private)                                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>    |                                                                                                 |
| 1. Chest x-ray result – 1 photocopy | - Any laboratory or diagnostic center accredited by the Department of Health                    |

| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEES TO BE PAID         | PROCESSING TIME                                  | PERSON RESPONSIBLE                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------|
| <p>1. Show the requirement to the Information Desk</p> <p><i>Existing Client:</i><br/>Present the Patient Information Card (PIC) and get a queue number from the Information Desk.</p> <p><i>New Client:</i><br/>Get PIC from the Information Desk.<br/>Accomplish the PIC.</p> <p>Once accomplished, submit the PIC to the Information Desk</p> | <p>1. Received and check the requirement and PIC.</p> <p>Issue a queue number.</p> <p>Request the client to accomplish the PIC.</p> <p>Received and check the PIC.<br/>Issue a queue number.</p>                                                                                                                                                                                                                                                                    | None                    | 2 minutes                                        | Information Clerk                                                                           |
| <p>1.1 Proceed to the Anthropometric area for height and weight then proceed to Client Step 2</p>                                                                                                                                                                                                                                                | <p>1.1 Direct the client towards the Anthropometric area for height and weight.</p> <p>1.2 Submit the PIC card to the Records Section</p> <p>1.3 Received the PIC<br/><i>For New Client:</i><br/>Attach the PIC on the new Patients Record Form (PRF) and write the clients information</p> <p><i>For Existing Client:</i><br/>Retrieve the client's PRF from the file and attach the PIC</p> <p>1.4 Submit the PRF to the Nurse Station for client's interview</p> | None                    | <p>1 minute</p> <p>2 minutes</p> <p>1 minute</p> | <p>Information Clerk</p> <p>Information Clerk</p> <p>Records Clerk</p> <p>Records Clerk</p> |
| <p>2. Submit to Anthropometric measurement for height and weight</p> <p>2.1 Proceed to the waiting area for queuing.</p>                                                                                                                                                                                                                         | <p>2. Get the client Anthropometric measurement and write in a designated piece of paper.</p> <p>2.2 Direct the client towards the waiting area</p>                                                                                                                                                                                                                                                                                                                 | <p>None</p> <p>None</p> | <p>2 minutes</p>                                 | <p>Nursing Assistant</p> <p>Nursing Assistant</p>                                           |

|                                                                                                                              |                                                                                                                                                                                                               |             |                   |                 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-----------------|
| 3. Once called, proceed to the Nurse Station for triage.<br><br>Submit the piece of paper with height and weight measurement | 3. Receive the piece of paper with height and weight measurements.                                                                                                                                            | None        | -                 | Nurse           |
| 3.1 Submit to triage.                                                                                                        | 3.1 Get the client's vital signs:<br>Temperature, BP, and pulse rate<br><br>3.1.1 Write the vital signs and Anthropometric measurement on the PRF                                                             | None        | 2 minutes         | Nurse           |
| 3.2 Proceed to the available Medical Officer for consultation.                                                               | 3.2 Refer the client to the available Medical Officer.                                                                                                                                                        | None        | 1 minute          | Nurse           |
| 4. Submit to physical examination, evaluation, and management<br><br>4.1 Secure a Medical Certificate Request Form (MCRF).   | 4. Examine the patient and give the diagnosis and or diagnostic procedures needed<br><br>4.1 Issue the MCRF. Advise the patient to proceed to the Medical Certificate Section beside the Sanitation Division. | None        | 5 minutes         | Medical Officer |
| 4. Submit the MCRF to the Admin. Staff at the 2 <sup>nd</sup> Floor.                                                         | 4. Receive the MCRF and prepare the Medical Certificate.                                                                                                                                                      | None        | 2 minutes         | Admin. Staff    |
| 4.1 Receive the Medical Certificate and hand it over to the attending Medical Officer.                                       | 4.1 Issue the dry-sealed Medical Certificate to be given by the client to the attending Medical Officer for signature.                                                                                        | None        | 1 minute          | Admin. Staff    |
| 4.2 Claim the duly signed Medical Certificate.                                                                               | 4.2 Check, sign, and issue the Medical Certificate.                                                                                                                                                           | None        | 1 minute          | Medical Officer |
| <b>TOTAL:</b>                                                                                                                |                                                                                                                                                                                                               | <b>None</b> | <b>20 minutes</b> |                 |

## 6. ISSUANCE OF CERTIFICATE OF WATER POTABILITY

A Certificate of Water Potability is being issued to owners of the Public Water System for the acceptable values of the determined parameters in measuring water quality and as compliance with the National Standards for Drinking Water.

| <b>OFFICE/<br/>DIVISION:</b>                                                                  | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD) |                                                                  |                   |                          |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                        | Simple                                                                          |                                                                  |                   |                          |
| <b>TYPES OF TRANSACTION:</b>                                                                  | G2B – Government to Business                                                    |                                                                  |                   |                          |
| <b>WHO MAY AVAIL:</b>                                                                         | Owners/operators of a public water system                                       |                                                                  |                   |                          |
| CHECKLIST OF REQUIREMENTS                                                                     |                                                                                 | WHERE TO SECURE                                                  |                   |                          |
| 1. Microbiological Examination and Physical and Chemical Analysis                             |                                                                                 | - Any DOH-accredited water testing laboratory for drinking water |                   |                          |
| CLIENT STEPS                                                                                  | AGENCY ACTION                                                                   | FEES TO BE PAID                                                  | PROCESSING TIME   | PERSON RESPONSIBLE       |
| 1. Submit the requirements to the Environmental Health and Sanitation Division (EHSD) of CHO. | 1. Receive the requirements and check the same as to validity.                  | None                                                             | 2 minutes         | Sanitation Inspector     |
| 1.1 Secure an Order of Payment.                                                               | 1.1 Issue the Order of Payment.                                                 | None                                                             | 1 minute          | Sanitation Inspector     |
| 2. Pay the required fees to the Cashier by showing the Order of Payment.                      | 2. Accept the payment based on the Order of Payment.                            | Certification fee – PHP 100.00                                   | 2 minutes         | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt.                                                               | 2.1 Issue the Official Receipt.                                                 | None                                                             | 1 minute          | Revenue Collection Clerk |
| 3. Return to the EHSD and show the Official Receipt.                                          | 3. Check the Official Receipt and prepare the Certificate of Water Potability.  | None                                                             | 3 minutes         | Sanitation Inspector     |
| 3.1 Receive the Certificate of Water Potability.                                              | 3.1 Review, sign, and issue the Certificate of Water Potability.                | None                                                             | 1 minute          | Sanitation Inspector     |
|                                                                                               | <b>TOTAL:</b>                                                                   | <b>Certification Fee – PHP 100.00</b>                            | <b>10 minutes</b> |                          |

## 7. ISSUANCE OF PERMITS FOR BURIAL, EXHUMATION, CREMATION AND OR TRANSFER & TRANSPORT OF CADAVER

The City Health Office facilitates the issuance of permits for burial, exhumation, cremation, and or transfer and transport of cadavers that will be buried within Antipolo City or outside Antipolo City.

| <b>OFFICE/<br/>DIVISION:</b>                                                           | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD) |                                                    |                 |                          |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------|-----------------|--------------------------|
| <b>CLASSIFICATION:</b>                                                                 | Simple                                                                          |                                                    |                 |                          |
| <b>TYPES OF TRANSACTION:</b>                                                           | G2C – Government to Citizen;<br>G2B – Government to Business                    |                                                    |                 |                          |
| <b>WHO MAY AVAIL:</b>                                                                  | Family of the deceased, funeral parlors                                         |                                                    |                 |                          |
| CHECKLIST OF REQUIREMENTS                                                              |                                                                                 | WHERE TO SECURE                                    |                 |                          |
| 1. Certificate of Death form<br>2. Notarized waiver by the immediate family            |                                                                                 | - City Civil Registrar's Office<br>- Notary Public |                 |                          |
| CLIENT STEPS                                                                           | AGENCY ACTION                                                                   | FEES TO BE PAID                                    | PROCESSING TIME | PERSON RESPONSIBLE       |
| 1. Submit the requirements to the Environmental Health and Sanitation Division (EHSD). | 1 .Receive and check the requirements.                                          | None                                               | 2 minutes       | Information Staff        |
| 1.1 Secure an Order of Payment.                                                        | 1.1 Issue the Order of Payment.                                                 | None                                               |                 |                          |
| 2. Pay the required fees to the Cashier by showing the Order of Payment.               | 2. Accept the payment based on the Order of Payment.                            | PHP 300.00 – Burial Permit (outside Antipolo City) | 3 minutes       | Revenue Collection Clerk |
| 2.1 Secure an Official Receipt.                                                        | 2.1 Issue the Order of Payment.                                                 | PHP 200.00 – Burial Permit (within Antipolo City)  |                 |                          |
|                                                                                        |                                                                                 | PHP 500.00 –Exhumation Permit                      |                 |                          |
|                                                                                        |                                                                                 | PHP 500.00 – Cremation Permit                      |                 |                          |
|                                                                                        |                                                                                 | PHP 300.00 – Transfer & Transport Permit           |                 |                          |
| 3. Return to the EHSD and show the Official Receipt.                                   | 3 .Check the Official Receipt and prepare the Permit.                           | None                                               | 3 minutes       | Admin. Staff             |

|                        |                                         |                                                                                                                                                                                                                                                         |                   |                      |
|------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|
| 3.1 Secure the Permit. | 3.1 Review, sign, and issue the Permit. | None                                                                                                                                                                                                                                                    | 2 minutes         | Sanitation Inspector |
|                        | <b>TOTAL:</b>                           | <b>PHP 200.00 – Burial (within Antipolo City)</b><br><b>PHP 300.00 – Burial (Outside Antipolo City)</b><br><b>PHP 500.00 – Exhumation Permit</b><br><br><b>PHP 500.00 – Cremation Permit</b><br><br><b>PHP 300.00 – Transfer &amp; Transport Permit</b> | <b>10 minutes</b> |                      |

## 8. SIGNING OF DEATH CERTIFICATES

The City Health Office facilitates the signing of the Certificate of Death for those not medically attended after ascertaining the cause of death through verbal autopsy/interview with the family members who are knowledgeable as to the probable cause of death.

|                                                                             |                                                                                                                            |                                                    |                        |                           |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                | CITY HEALTH OFFICE (CHO)<br>ENVIRONMENTAL HEALTH AND SANITATION DIVISION (EHSD)                                            |                                                    |                        |                           |
| <b>CLASSIFICATION:</b>                                                      | Simple                                                                                                                     |                                                    |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                | G2C – Government to Citizen;<br>G2B – Government to Business                                                               |                                                    |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                       | Family of the deceased                                                                                                     |                                                    |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                            |                                                                                                                            | <b>WHERE TO SECURE</b>                             |                        |                           |
| 1. Certificate of Death form<br>2. Notarized waiver by the immediate family |                                                                                                                            | - City Civil Registrar's Office<br>- Notary Public |                        |                           |
| <b>CLIENT STEPS</b>                                                         | <b>AGENCY ACTION</b>                                                                                                       | <b>FEES TO BE PAID</b>                             | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Secure a queue number and proceed to the waiting area for queuing.       | 1. Issue the queue number.                                                                                                 | None                                               | 5 minutes              | Information Staff         |
| 2. Once called, proceed to the Consultation Room and show the requirements. | 2. Check the requirements, and interview the client to ascertain the probable cause of death.                              | None                                               | 5 minutes              | Medical Officer           |
| 2.1 Proceed to the Death Certificate Section to process the document.       | 2.1 Accomplish the Certificate of Death by indicating the cause of death and the name of the interviewing Medical Officer. | None                                               | 3 minutes              | Admin. Staff              |



|                                                                                                                                                                                                                            |                                                                                                                                                                     |                                                                                                                                                                                                                      |                   |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|
| 2.2 Secure an Order of Payment and receive the accomplished Certificate of Death.                                                                                                                                          | 2.2. Issue the Order of Payment and return the Certificate of Death to the client.                                                                                  | None                                                                                                                                                                                                                 | 2 minutes         | Admin. Staff             |
| 3. Pay the required fees to the Cashier by showing the Order of Payment.<br><br>3.1 Secure an Official Receipt.                                                                                                            | 3. Accept the payment based on the Order of Payment.<br><br>3 .1 Issue the Official Receipt.                                                                        | PHP 200.00 – Burial (within Antipolo City)<br>PHP 300.00 – Burial (Outside Antipolo City)<br><br>PHP 500.00 –Exhumation Permit<br><br>PHP 500.00 – Cremation Permit<br><br>PHP 300.00 – Transfer & Transport Permit  | 3 minutes         | Revenue Collection Clerk |
| 4. Return to the Consultation Room and show the Official Receipt and the Certificate of Death.<br><br>4.1 Receive the signed Certificate of Death and proceed to the City Civil Registrar's Office for death registration. | 4 .Check the Official Receipt, and review and sign the Certificate of Death.<br><br>4 .1 Issue the signed Certificate of Death.                                     | None<br><br>None                                                                                                                                                                                                     | 2 minutes         | Medical Officer          |
| 5. Return to CHO - Death Certificate Section and show the registered death certificate to claim the permits (Burial, Cremation/ Exhumation, and Transfer & Transport of Cadaver)<br><br>5.1 Receive the permits            | 5. Check the registered death certificate and prepare the permits (Burial, Cremation/ Exhumation, and Transfer & Transport of Cadaver)<br><br>5.1 Issue the permits | None                                                                                                                                                                                                                 | 5 minutes         | Admin. Staff             |
|                                                                                                                                                                                                                            | <b>TOTAL:</b>                                                                                                                                                       | PHP 200.00 – Burial (within Antipolo City)<br><br>PHP 300.00 – Burial (Outside Antipolo City)<br>PHP 500.00 – Exhumation Permit<br><br>PHP 500.00 – Cremation Permit<br><br>PHP 300.00 – Transfer & Transport Permit | <b>25 minutes</b> |                          |

## 9. TREATMENT OF ANIMAL BITE (I MALL)

The City Health Office (CHO) provides vaccination and medical treatment for animal bite cases.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                             |                                                                                                                                                                                                                                            |                 |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                          |                                                                                                                                                                                                                                            |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                                                                                     |                                                                                                                                                                                                                                            |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                            | All                                                                                                                                                                             |                                                                                                                                                                                                                                            |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                            |                 |                    |
| 1. Post Exposure Treatment Record (PETR) (for repeater)<br><br><i>For PhilHealth member:</i><br>2. PhilHealth ID<br>3. Member Data Record (MDR) for PhilHealth member<br><br><i>For non-PhilHealth member:</i><br>2. PhilHealth Member Registration Form (PMRF)<br>3. Any government-issued ID card<br><br><i>For non-PhilHealth member senior citizen:</i><br>2. PMRF<br>3. Senior Citizen ID card<br>4. PWD ID |                                                                                                                                                                                 | - CHO Animal Bite Center<br><br>- PhilHealth<br>- PhilHealth<br><br>- CHO Animal Bite Center<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN)<br><br>- CHO Animal Bite Center<br>- CSWDO (OSCA)<br>- CSWDO |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                                                                                                   | FEES TO BE PAID                                                                                                                                                                                                                            | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to the CHO Animal Bite Center of the City Health Office located at the 2 <sup>nd</sup> Floor of iMall beside post office<br><br><i>For new client:</i><br>Get a queue number to the OPSS at the ABTC entrance<br><br><i>For existing client:</i><br>Present to the OPSS at the ABTC entrance the Post Exposure Treatment Record (PETR) and get a queue number                                         | 1 . <i>For new client</i><br>Issue a queue number to the client<br><br><br><i>For existing client</i><br>Check the validity of the PETR then issue a queue number to the client | None                                                                                                                                                                                                                                       | 1 minute        | OPSS               |
| 1.1 Proceed to the waiting area for queuing.                                                                                                                                                                                                                                                                                                                                                                     | 1.1 Direct the client towards Room no 1 (New client) or Room no 2 (Existing client)                                                                                             | None                                                                                                                                                                                                                                       | 1 minute        | OPSS               |

|                                                                                                                                  |                                                                                                                                                                         |      |           |                              |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|------------------------------|
| <p><i>For new client:</i><br/>Proceed to Room 1</p> <p><i>For existing client:</i><br/>Proceed to Room 2</p>                     |                                                                                                                                                                         |      |           |                              |
| <p>2. <i>For new client:</i><br/>Once called, proceed registration and screening area<br/>Present valid ID for registration.</p> | <p>2. Register the client's pertinent data in the Animal and Human Bite Data Sheet (AHBDS).</p>                                                                         | None | 2 minutes | Nurse Assistant / ABTC Staff |
| <p>2.1 Submit for interview</p>                                                                                                  | <p>2.1 Prepare the Post Exposure Treatment Record (PETR)</p>                                                                                                            | None | 1 minute  | Nurse Assistant / ABTC Staff |
| <p>2.2 Submit to assessment/wound examination.</p>                                                                               | <p>2.2 Assess/examine/ diagnose the wound. Write on the PETR the wound Category.</p> <p>If the wound is Category III, write on top of the AHBDS, "For PhilHealth"</p>   | None | 2 minutes | Nurse Assistant / ABTC Staff |
| <p>2.3. Proceed to the waiting area</p>                                                                                          | <p>2.3 Advise the client to proceed to the waiting area</p>                                                                                                             | None | 1 minute  | Nurse Assistant / ABTC Staff |
| <p>2.4 None</p>                                                                                                                  | <p>2.4 Submit the AHBDS and PETR to master listing area</p>                                                                                                             |      |           |                              |
| <p>3. None</p>                                                                                                                   | <p>3. Received the AHBDS and PETR. Identify whether the patient is new, existing, or PhilHealth. Write the client data according to the specified logbook.</p>          | None | 1 minute  | Nurse                        |
| <p>3.1 None</p>                                                                                                                  | <p>3.1 Submit the AHBDS and PETR of the new client to:</p> <p>For Category III client, for PhilHealth Processing or Vaccination area<br/>Category I &amp; II client</p> | None | 1 minute  | Nurse                        |
| <p>3.2 <i>For Existing Client:</i><br/>Once called, proceed to registration area at room 2<br/>Present the PETR.</p>             | <p>3.2 Check the validity of the PETR.</p>                                                                                                                              | None | 1 minute  | Nurse                        |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                                  |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <p>3.2.1 Proceed to the waiting area for vaccination</p> <p>Received the prescription and acquire information as to where to buy vaccine/s and proceed to the waiting area for Vaccination once returned</p>                                                                                                                                                         | <p>3.2.1 For PhilHealth eligible, advise the client to proceed to the waiting area for vaccination.</p> <p>For Category I or II, issue a prescription for 2<sup>nd</sup> or 3<sup>rd</sup> or 4<sup>th</sup> dose.</p> <p>Advise the client to buy vaccine/s only in an authorized drug store to prevent counterfeit vaccines and proceed to vaccination area when the client comes back with the vaccine</p>                                                                                                                                                                                                                                                    | None                                                                    | 1 minute                                                                                         | Nurse                                                                                                             |
| <p>4. <i>For New Client:</i><br/>Once called, listen as to what Table to proceed:</p> <p>4.1 For Philhealth area submit to PhilHealth processing.</p> <p>For Table No. 4, proceed to Client Step No. 4.2.1</p> <p>4.2 None</p> <p>4.2.1 Once called proceed to Listing area</p> <p>4.2.2 Submit for signing on the logbook, confirming to receive a free vaccine</p> | <p>4. Receive the AHBDS and PETR.<br/>Call the Client on queue.</p> <p>4.1 Check the requirements and evaluate if the client is eligible to avail the PhilHealth Animal Bite Treatment Package.</p> <p>Process the PhilHealth Claim Forms, write on top of the PETR the letter "P".</p> <p>4.1.1 Submit the AHBDS and PETR to Table No. 4</p> <p>4.2 Receive the AHBDS and PETR. Record the client's information on the logbook.</p> <p>4.2.1 Call the Client on queue.</p> <p>4.2.2 Advise the client to sign on the logbook.</p> <p>If the wound is Category I or II inform the client that 1<sup>st</sup> dose is free (if there is an available vaccine)</p> | <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>1 minute</p> <p>3 minutes</p> <p>1 minute</p> <p>1 minute</p> <p>1 minute</p> <p>1 minute</p> | <p>Admin Staff</p> <p>Admin Staff</p> <p>Admin Staff</p> <p>Admin Staff</p> <p>Admin Staff</p> <p>Admin Staff</p> |

|                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                 |                   |                                                             |
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| 4.2.3 Proceed to the waiting area for vaccination                                                                                                                                                                              | 4.2.3 Direct the client to the vaccination waiting area                                                                                 | None                                                                                            | 1 minute          | Admin Staff                                                 |
| 4.2.4 None                                                                                                                                                                                                                     | 4.2.4 Submit the AHBDS and PETR to Queuing Area for final review of records                                                             | None                                                                                            | 1 minute          | Admin Staff                                                 |
| 5 . None                                                                                                                                                                                                                       | 5. Received the AHBDS and PETR.<br><br>Write on the AHBDS and PETR the next visit of the client.                                        | None                                                                                            | 2 minutes         | Table No. 5<br>Nurse/<br>Midwife                            |
| 5.1 Once called, give the vaccine/s                                                                                                                                                                                            | 5.1 Call the client on queue and receive the vaccine/s                                                                                  |                                                                                                 |                   |                                                             |
| 5.2 Proceed to the vaccination waiting area                                                                                                                                                                                    | 5.2 Direct the client to proceed to the vaccination waiting area                                                                        |                                                                                                 |                   |                                                             |
|                                                                                                                                                                                                                                | 5.3 Submit the PETR and vaccine/s to the vaccination area                                                                               |                                                                                                 |                   |                                                             |
| 6 . Once called, proceed to the vaccination area                                                                                                                                                                               | 6. Received the PETR and vaccine/s.<br>Call the client on queue.                                                                        | None                                                                                            | 2 minutes         | Nurse/<br>Midwife                                           |
| 6.1 Undergo vaccination at the Animal Bite Treatment Room.                                                                                                                                                                     | 6.1 Administer vaccine and inform the client of the next vaccination schedule and the prohibited foods and drinks during the treatment. |                                                                                                 |                   |                                                             |
| <b>An important reminder to the client:</b><br><br>Monitor the biting animal for 14 days for any change in behavior and inform the CHO Animal Bite Treatment Center of the same as well as any adverse effects of the vaccine. |                                                                                                                                         |                                                                                                 |                   |                                                             |
|                                                                                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                           | FREE for the 1 <sup>st</sup> dose<br>(depending on the availability of the anti-rabies vaccine) | <b>16 minutes</b> | - If eligible to avail of the Animal Bite Treatment Package |
|                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                 | <b>20 minutes</b> | - If not eligible                                           |

## 10. TREATMENT OF ANIMAL BITE (SM DOWNTOWN)

The City Health Office (CHO) provides vaccination and medical treatment for animal bite cases.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                        |                                                                                                                                                                                                                                            |                 |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                     |                                                                                                                                                                                                                                            |                 |                    |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                                                                                |                                                                                                                                                                                                                                            |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                            | All                                                                                                                                                                        |                                                                                                                                                                                                                                            |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                            | WHERE TO SECURE                                                                                                                                                                                                                            |                 |                    |
| 1. Post Exposure Treatment Record (PETR) (for repeater)<br><br><i>For PhilHealth member:</i><br>2. PhilHealth ID<br>3. Member Data Record (MDR) for PhilHealth member<br><br><i>For non-PhilHealth member:</i><br>2. PhilHealth Member Registration Form (PMRF)<br>3. Any government-issued ID card<br><br><i>For non-PhilHealth member senior citizen:</i><br>2. PMRF<br>3. Senior Citizen ID card<br>4. PWD ID |                                                                                                                                                                            | - CHO Animal Bite Center<br><br>- PhilHealth<br>- PhilHealth<br><br>- CHO Animal Bite Center<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN)<br><br>- CHO Animal Bite Center<br>- CSWDO (OSCA)<br>- CSWDO |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                                                                                              | FEES TO BE PAID                                                                                                                                                                                                                            | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to the CHO Animal Bite Center of the City Health Office located 2 <sup>nd</sup> floor of SM Downtown<br><br><i>For new client:</i><br>Get a queue number to the OPSS at the ABTC entrance<br><br><i>For existing client:</i><br>Present to the OPSS at the ABTC entrance the Post Exposure Treatment Record (PETR) and get a queue number                                                             | 1. <i>For new client</i><br>Issue a queue number to the client<br><br><i>For existing client</i><br>Check the validity of the PETR then issue a queue number to the client | None                                                                                                                                                                                                                                       | 1 minute        | OPSS               |
| 1.2 Proceed to the waiting area for queuing.                                                                                                                                                                                                                                                                                                                                                                     | 1.2 Direct the client towards the waiting area for Table No. 1 ( <i>New client</i> ) or Table No. 3 ( <i>Existing client</i> )                                             | None                                                                                                                                                                                                                                       | 1 minute        | OPSS               |

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                                   |                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>For new client:</i><br/>Proceed to the waiting area for Table No. 1</p> <p><i>For existing client:</i><br/>Proceed to the waiting area for Table No. 3</p>                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                                   |                                                                                                                                                                                                       |
| <p>2. <i>For new client:</i><br/>Once called, proceed to Table No. 1 Present valid ID for registration.</p> <p>2.1 Submit for interview</p> <p>2.2. Submit to assessment/wound examination.</p> <p>2.3 Proceed to the waiting area for Table No. 3</p> <p>2.4 None</p> | <p>2. Register the client's pertinent data in the Animal and Human Bite Data Sheet (AHBDS).</p> <p>2.1 Prepare the Post Exposure Treatment Record (PETR)</p> <p>2.2 Assess/examine/ diagnose the wound. Write on the PETR the wound Category.</p> <p>If the wound is Category III, write on top of the AHBDS, "For PhilHealth"</p> <p>2.3 Advise the client to proceed to the waiting area for Table No. 3</p> <p>2.4 Submit the AHBDS and PETR to Table No. 3</p>                                         | <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>2 minutes</p> <p>1 minute</p> <p>2 minutes</p> <p>1 minute</p> | <p>Table No. 1 and 2 Nurse Assistant / ABTC Staff</p> <p>Table No. 1 Nurse Assistant / ABTC Staff</p> <p>Table No. 2 Nurse Assistant / ABTC Staff</p> <p>Table No. 2 Nurse Assistant / ABTC Staff</p> |
| <p>3. None</p> <p>3. None</p> <p>3.2 For Existing Client:<br/>Once called, proceed to Table No. 4. Present the PETR.</p> <p>3.2.1 Proceed to the waiting area for vaccination</p>                                                                                      | <p>3. Received the AHBDS and PETR. Identify whether the patient is new, existing, or PhilHealth. Write the client data according to the specified logbook.</p> <p>3.1 Submit the AHBDS and PETR of the new client to:<br/><br/>Table No. 3 for Category III client, for PhilHealth Processing<br/>or<br/>Table No. 4 for Category I &amp; II client</p> <p>3.2 Check the validity of the PETR.</p> <p>3.2.1 For PhilHealth eligible, advise the client to proceed to the waiting area for vaccination.</p> | <p>None</p> <p>None</p> <p>None</p> <p>None</p> | <p>1 minute</p> <p>1 minute</p> <p>1 minute</p> <p>1 minute</p>   | <p>Table No. 3 Nurse</p> <p>Table No. 3 Nurse</p> <p>Table No. 3 Nurse</p> <p>Table No. 3 Nurse</p>                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Received the prescription and acquire information as to where to buy vaccine/s and proceed to the waiting area for Table No. 5 (Client Step No. 5.1) once returned                                                                                                                                                                                                                                                                  | For Category I or II, issue a prescription for 2 <sup>nd</sup> or 3 <sup>rd</sup> or 4 <sup>th</sup> dose.<br><br>Advise the client to buy vaccine/s only in an authorized drug store to prevent counterfeit vaccines and proceed to Table 5 when the client comes back with the vaccine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4. <i>For New Client:</i><br>Once called, listen as to what Table to proceed:<br><br>4.1 For Table No. 3, submit to PhilHealth processing.<br><br>For Table No. 4, proceed to Client Step No. 4.2.1<br><br>4.2 None<br><br>4.2.1 Once called proceed to Table No. 4<br><br>4.2.2 Submit for signing on the logbook, confirming to receive a free vaccine<br><br>4.2.3 Proceed to the waiting area for vaccination<br><br>4.2.4 None | 4. Receive the AHBDS and PETR.<br>Call the Client on queue.<br><br>4.1 Check the requirements and evaluate if the client is eligible to avail the PhilHealth Animal Bite Treatment Package.<br><br>Process the PhilHealth Claim Forms, write on top of the PETR the letter "P".<br><br>4.1.1 Submit the AHBDS and PETR to Table No. 4<br><br>4.2 Receive the AHBDS and PETR. Record the client's information on the logbook.<br><br>4.2.1 Call the Client on queue.<br><br>4.2.2 Advise the client to sign on the logbook.<br><br>If the wound is Category I or II inform the client that 1 <sup>st</sup> dose is free (if there is an available vaccine)<br><br>4.2.3 Direct the client to the vaccination waiting area<br><br>4.2.4 Submit the AHBDS and PETR to Table No. 5. | None<br><br>None<br><br>None<br><br>None<br><br>None<br><br>None<br><br>None | 1 minute<br><br>3 minutes<br><br><br><br><br><br><br><br><br><br>1 minute<br><br>1 minute<br><br>1 minute<br><br>1 minute<br><br>1 minute | Table No. 2 Admin Staff<br><br><br><br><br><br><br><br><br><br>Table No. 2 Admin Staff<br><br><br><br><br><br><br><br><br><br>Table No. 2 Admin Staff<br><br><br><br><br><br><br><br><br><br>Table No. 4 Admin Staff<br><br><br><br><br><br><br><br><br><br>Table No. 4 Admin Staff<br><br><br><br><br><br><br><br><br><br>Table No. 4 Admin Staff<br><br><br><br><br><br><br><br><br><br>Table No. 4 Admin Staff |
| 5. None                                                                                                                                                                                                                                                                                                                                                                                                                             | 5. Received the AHBDS and PETR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None                                                                         | 2 minutes                                                                                                                                 | Table No. 5 Nurse/ Midwife                                                                                                                                                                                                                                                                                                                                                                                        |



|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |                                                                                              |                   |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| <p>5.1 Once called, give the vaccine/s</p> <p>5.2 Proceed to the vaccination waiting area</p>                                                                                                                                                                                                                                                                  | <p>Write on the AHBDS and PETR the next visit of the client.</p> <p>5.1 Call the client on queue and receive the vaccine/s</p> <p>5.2 Direct the client to proceed to the vaccination waiting area</p> <p>5.3 Submit the PETR and vaccine/s to the vaccination area</p> |                                                                                              |                   |                                                             |
| <p>6. Once called, proceed to the vaccination area</p> <p>6.1 Undergo vaccination at the Animal Bite Treatment Room.</p> <p><b>An important reminder to the client:</b></p> <p>Monitor the biting animal for 14 days for any change in behavior and inform the CHO Animal Bite Treatment Center of the same as well as any adverse effects of the vaccine.</p> | <p>6. Received the PETR and vaccine/s.<br/>Call the client on queue.</p> <p>6.1 Administer vaccine and inform the client of the next vaccination schedule and the prohibited foods and drinks during the treatment.</p>                                                 | None                                                                                         | 2 minutes         | Nurse/ Midwife                                              |
|                                                                                                                                                                                                                                                                                                                                                                | <b>TOTAL:</b>                                                                                                                                                                                                                                                           | FREE for the 1 <sup>st</sup> dose (depending on the availability of the anti-rabies vaccine) | <b>16 minutes</b> | - If eligible to avail of the Animal Bite Treatment Package |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |                                                                                              | <b>20 minutes</b> | - If not eligible                                           |

## 11. TUBERCULOSIS DIAGNOSIS AND TREATMENT SERVICES

The City Government, in partnership with international and national government and non-government agencies and other organizations, implements an anti-tuberculosis program for tuberculosis (TB) prevention and treatment of TB patients.

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                              | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION – TB DOTS SECTION                                                                                                                                                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                    | Simple                                                                                                                                                                                                                          |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                              | G2C – Government to Citizen                                                                                                                                                                                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                     | TB patients and individuals experiencing severe cough for 2 weeks                                                                                                                                                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                          | <b>WHERE TO SECURE</b>                                                                                                                                                                                                          |
| 1. Medical Record – 1 photocopy<br>2. Sputum Examination Result (obtainable within the process below)<br>3. Previous and latest chest x-ray film and result – 1 photocopy each<br><br><i>For NTP Enrollment:</i><br>1. Barangay Clearance – 1 photocopy<br>2. Katibayan Form<br>3. Sitio Chairman's ID card – 1 photocopy | - CHO Records Section<br>- CHO Laboratory Section<br><br>- Any DOH-accredited laboratory or diagnostic center / Accucel and Dr. Jitz Laboratory (for sputum)<br><br>- Barangay Hall<br>- City Health Office<br>- Sitio Chairman |

### FOR DIRECT SPUTUM SMEAR MICROSCOPY (DSSM) PROCEDURE:

| CLIENT STEPS                                                                                                                                                                                | AGENCY ACTION                                                                                                                                                                                                                                                                                                                | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Visit the Tuberculosis Directly Observed Treatment Short Course (TB-DOTS) Section for evaluation and instructions. Receive the empty sputum cup.<br><br>1.1 Receive an empty sputum cup. | 1. Conduct the following:<br>- Client interview<br>- Checking of the client's vital signs<br>- Recording of the client's medical history<br>- Instruction of the proper procedure of sputum specimen collection<br><br>1.1 Provide the client with one (1) empty sputum cup (properly labeled) for sputum sample collection. | None            | 1 day           | TB DOTS Nurse      |
| 2. Collect early morning sputum sample at home by spitting into the sputum cup and seal the same immediately.                                                                               | 2. None                                                                                                                                                                                                                                                                                                                      | None            | 1 day           | Client             |

|                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |        |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------|------------------------------------------|
| <p>3. Submit the sputum sample to the TB-DOTS for DSSM examination.</p> <p>3.1 Receive the empty sputum cup and proceed to the induction area (<i>dahakan</i>) to collect on-the-spot sputum sample.</p> <p>3.2 Submit the second sputum sample to the TB DOTS nurse.</p> <p>3.3 Obtain information as to the release date of the DSSM result.</p> | <p>3. Receive the 1<sup>st</sup> sputum sample of the client for DSSM examination.</p> <p>3.1 Provide the client with another empty sputum cup (properly labeled) for the collection of the on-the-spot sputum sample.</p> <p>3.2 Receive the 2<sup>nd</sup> sputum sample of the client for DSSM examination.</p> <p>3.3 Inform the client of the release date of the DSSM result.</p>                                  | None                                |        | TB DOTS Nurse                            |
| <p>4. On the date specified, return to the TB DOTS to claim the DSSM Result.</p> <p>4.1 In case of negative result in DSSM, proceed to the Pulmonologist/ Medical Officer for assessment.</p> <p>In case of positive result, receive another empty sputum cup as well as direction to proceed with the Gene-Xpert Procedure as the next step.</p>  | <p>4. Release the DSSM result.</p> <p>4.1 For negative DSSM Result, refer the patient to the Pulmonologist / Medical Officer for assessment.</p> <p>For positive DSSM Result, provide the client with an empty sputum cup for another sputum sample collection to be submitted for Gene-Xpert examination on any of the following schedules:</p> <p>Every Monday, Tuesday, Thursday at 8:00-10:00 AM at the TB-DOTS.</p> | <p>None</p> <p>None</p> <p>None</p> | 1 day  | TB DOTS Nurse                            |
| <p>(For negative DSSM results only)</p> <p>5. Submit to medical assessment for other possible respiratory diseases and secure a prescription, if any.</p>                                                                                                                                                                                          | <p>5. Assess the patient for other possible respiratory diseases and or issue the patient's prescription.</p>                                                                                                                                                                                                                                                                                                            | None                                |        | Pulmonologist / Medical Officer, TB DOTS |
| TOTAL:                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                          | None                                | 3 days |                                          |

**FOR / GENE-XPRT PROCEDURE:**

| CLIENT STEPS                                                                                                                                          | AGENCY ACTION                                                                                                                                     | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Collect an early morning sputum sample at home by spitting into the sputum cup and seal the same immediately.                                      | 1. None                                                                                                                                           | None            | 1 day           | Client             |
| 2. Submit the sputum sample to the TB-DOTS for Gene-Xpert examination.<br><br>2.1 Obtain information as to the release date of the Gene-Xpert result. | 2. Receive the sputum sample of the client for Gene-Xpert examination.<br><br>2.1 Inform the client of the release date of the Gene-Xpert result. | None            |                 | TB DOTS Nurse      |
| 3. On the date specified, return to the TB DOTS to claim the Gene-Xpert Result.                                                                       | 3. Release the Gene-Xpert result.                                                                                                                 | None            | 1 day           | TB DOTS Nurse      |
|                                                                                                                                                       | <b>TOTAL:</b>                                                                                                                                     | <b>None</b>     | <b>2 days</b>   |                    |

**FOR PRE-ENROLLMENT IN THE NATIONAL TUBERCULOSIS PROGRAM (NTP):**

| CLIENT STEPS                                                                                                                                     | AGENCY ACTION                                                                                                                                                                                                 | FEES TO BE PAID  | PROCESSING TIME                                                           | PERSON RESPONSIBLE                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------|------------------------------------------------------|
| 1. Submit the Gene-Xpert and X-ray results to the TB DOTS nurse.                                                                                 | 1. Receive the Gene-Xpert and X-ray results.                                                                                                                                                                  | None             | 1 minute                                                                  | TB DOTS Nurse                                        |
| 2. Undergo assessment procedures.                                                                                                                | 2. Conduct the following:<br><br>- Client interview<br>- Checking of the client's vital signs<br>- Recording of the client's medical history<br>- Screening of the Gene-Xpert and chest X-ray results.        | None             | 5 minutes                                                                 | TB DOTS Nurse                                        |
| 3. Submit a medical examination.<br><br>For positive Gene-Xpert result, immediately take the issued medicine and receive direction on the proper | 3. Conduct medical examination of the patient.<br><br>Upon the order of the Pulmonologist, issue the prescribed medicine to the patient and provide direction on the proper administration of the medication. | None<br><br>None | 5 minutes – for negative results;<br><br>10 minutes – for positive result | Pulmonologist / Medical Officer<br><br>TB DOTS Nurse |

|                                                                  |                                                                 |             |                   |                       |
|------------------------------------------------------------------|-----------------------------------------------------------------|-------------|-------------------|-----------------------|
| administration of the medication.                                |                                                                 |             |                   |                       |
| 3.1 Secure the checklist of the requirements for NTP enrollment. | 3.1 Issue the checklist of the requirements for NTP Enrollment. | None        | 2 minutes         | TB DOTS Nurse         |
|                                                                  |                                                                 |             |                   |                       |
|                                                                  | <b>TOTAL:</b>                                                   | <b>None</b> | <b>13 minutes</b> | - for negative result |
|                                                                  |                                                                 |             | <b>18 minutes</b> | - for positive result |

### FOR NTP ENROLLMENT:

Patients residing in Barangays Mayamot, Mambugan, or Cupang may be referred to the NTP DOTS at the Rural Health Unit (RHU) II located at Antipolo City Hall Annex I while patients from Barangays Bagong Nayon, Calawis, Inarawan, San Juan and Sta. Cruz may enroll in the NTP at RHU III–NTP DOTS located at Antipolo City Hall Annex III.

Schedule of NTP Enrollment at Rural Health Units (RHUs):

For Drug Susceptible Tuberculosis patients – Wednesday and Friday (8:00 AM – 12:00 NN)

For Drug Resistant Tuberculosis patients – Monday to Friday (1:00 PM – 5:00 PM)

| CLIENT STEPS                                                                                                   | AGENCY ACTION                                                                                                                                   | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE          |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|-----------------------------|
| 1. Submit the requirements to CHO TB DOTS (or to the referral RHU) on the day of NTP enrollment.               | 1. Receive the requirements and check the validity.                                                                                             | None            | 3 minutes         | TB DOTS Nurse               |
| 2. Submit to interview and counseling.                                                                         | 2. Conduct interview for Provider-Initiated Counseling and Testing (PICT) of HIV and RBS (Random Blood Sampling), and counseling.               | None            | 15 minutes        | TB DOTS Nurse / Trained BHW |
| 3. Submit to blood extraction                                                                                  | 3. Conduct blood extraction                                                                                                                     | None            | 2 minutes         | Medical Technologist        |
| 4. Get enrolled in the NTP.<br><br>4.1 Receive the medicines as well as directions on post-medication, if any. | 4. Assist the client in the NTP enrollment.<br><br>4.1 Issue the medicines for the 6-month treatment and provide direction for post-medication. | None            | 10 minutes        | TB DOTS Nurse / Trained BHW |
|                                                                                                                | <b>TOTAL:</b>                                                                                                                                   | <b>None</b>     | <b>30 minutes</b> |                             |

## 12. SECONDARY CLINICAL LABORATORY SERVICES

The City Health Office (CHO) provides laboratory procedures for outpatients availing laboratory examinations of blood and other body fluids that will help in the diagnosis of disease

|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                      | CITY HEALTH OFFICE (CHO)<br>MEDICAL HEALTH DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                            | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                      | G2C – Government to Citizen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                             | All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>WHERE TO SECURE</b>                                     |                        |                           |
| 1. Laboratory Request Form<br>2. Government Issued ID<br>3. Official Receipt (if any)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - Requesting Physician<br>- Government Agency<br>- Cashier |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                               | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>FEES TO BE PAID</b>                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <b>For Blood Chemistry</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                        |                           |
| 1. Proceed to the CHO Laboratory information window and present the laboratory request form and valid ID.<br><br>1.1 Answer honestly the last time of meal taken<br><br>1.2 Obtain information on the laboratory services available in the facility and to be sent out including tests with laboratory fees<br><br>If eligible for PhilHealth YAKAP, proceed to Client Step No 4. | 1. Evaluate the submitted laboratory request form as to completeness of data such as name, birthday, age, contact number, diagnosis, requesting physician, hospital number (if outside CHO), and test/s requested <ul style="list-style-type: none"> <li>If request is from other facility, instruct to proceed to 2<sup>nd</sup> floor for PhilHealth YAKAP validation.</li> </ul> 1.1 Ask the client, last time of meal taken (for those with fasting procedures).<br><br>1.2 Inform the client of laboratory services (available in-house and to be sent out, with payment.)<br><br>If the client undergone PhilHealth YAKAP, the available in-house laboratory tests are free. | None                                                       | 5 minutes              | Medical Technologist      |

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                  |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------|---------------------------------|
| <p>If not eligible, secure an Order of Payment.</p> <p>1.3 Receive the Order of Payment</p> <p>1.4 Proceed to the cashier</p>                                                                                                                      | <p>Other laboratory tests that are not available will be sent out, with a laboratory fee.</p> <p>1.3 Issue an order of payment.</p> <p>Include 20% discount for Senior Citizen and PWD for non-residents of Antipolo City</p> <p>Advise the client to proceed to the cashier</p> <p>1.4 Advise the client to proceed to the cashier</p>                                                                                                                                                                        |                                                               |                  |                                 |
| <p>2. Pay the required fees to the Cashier by showing the Order of Payment</p> <p>2.1 Secure an Official Receipt.</p>                                                                                                                              | <p>2. Accept the payment Based on the Order of Payment</p> <p>2.1 Issue the Official Receipt.</p>                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Please refer to the Schedule of Fees below</p> <p>None</p> | <p>2 minutes</p> | <p>Revenue Collection Clerk</p> |
| <p>3. Return to the Laboratory Information Window and give the Official Receipt.</p> <p>3.1 Proceed to the waiting area for the next step.</p>                                                                                                     | <p>3. Get the Official Receipt (OR) and record the OR Number on the request form</p> <p>3.1 Advise the client to proceed to the waiting area for blood extraction.</p>                                                                                                                                                                                                                                                                                                                                         | <p>None</p>                                                   | <p>1 minute</p>  | <p>Medical Technologist</p>     |
| <p>4. Once called, proceed to the blood extraction area</p> <p>4.1 Answer honestly the last time of meal taken</p> <p>4.2 Submit to blood Extraction</p> <p>4.3 Obtain information as to the release date and time of the laboratory result/s.</p> | <p>4. Verify the correctness of the client's identity as to the laboratory request</p> <p>4.1 Check the Official Receipt, if any, and ask the client for the time of last meal taken (for those with fasting procedures)</p> <p>4.2 Perform blood extraction for the required test/s</p> <p>4.3 Inform the client of the release date and time of the laboratory result/s.</p> <p><u>With fasting procedure:</u><br/>Blood extraction from 7:00 AM - 10:00 AM, result/s will be released the following day</p> | <p>None</p>                                                   | <p>3 minutes</p> | <p>Medical Technologist</p>     |

|                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                   |                                                                  |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|--------------------------|
|                                                                                                                                                                       | <p><u>No fasting procedure:</u><br/>Blood acceptance and extraction until 7:00 AM - 3:00 PM, result/s will be released the following day</p> <p>For CBC and Blood Typing, results will be released after two (2) hours</p> |                                                   |                                                                  |                          |
| 5. On the date specified, return to the Laboratory Information Window and present the clients' Official Receipt (if any) and valid ID to claim the laboratory result. | 5. Verify the presented Official Receipt (if any) and valid ID, retrieve the result, log into the release logbook, and give the result to the client                                                                       | None                                              | 2 minutes                                                        | Medical Technologist     |
|                                                                                                                                                                       | <b>TOTAL:</b>                                                                                                                                                                                                              | <b>Please refer to the Schedule of Fees below</b> | <b>1 day and 13 minutes</b><br><br><b>2 hours and 13 minutes</b> | For CBC and Blood Typing |

**For Urine and Stool Specimen Collection:**

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |           |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------------------|
| <p>1. Proceed to the CHO Laboratory information window and present the laboratory request form and valid ID</p> <p>1.2 Obtain information on how to collect specimens and proper labeling of the urine/stool container</p> <p>If eligible for PhilHealth YAKAP, proceed to Client Step No. 3.2.</p> <p>If not eligible, secure an Order of Payment.</p> <p>1.3 Receive the Order of Payment</p> | <p>1. Evaluate the submitted laboratory request form as to completeness of data such as name, birthday, age, contact number, diagnosis, requesting physician, hospital number (if outside CHO), and test/s requested.</p> <p>1.2 Inform the client:<br/>Urine and/or Stool should be collected within an hour before submission.<br/>- Urine volume should be at least half of the urine container<br/>- Stool should be pea size only in the stool container<br/>- Client's full name should be written on the container for proper labeling</p> <p>If the client has undergone PhilHealth YAKAP the urinalysis and fecalysis are free.</p> <p>1.3 Issue the Order of Payment.</p> | None | 5 minutes | Medical Technologist |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------------------|



|                                                                                                                                                                                                        |                                                                                                                                                                                                                          |                                                           |                               |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------|--------------------------|
|                                                                                                                                                                                                        | Include a 20% discount for Senior Citizens and PWD for non-residents of Antipolo City.                                                                                                                                   |                                                           |                               |                          |
| 2. Pay the required fees to the Cashier by showing the Order of Payment<br><br>2.1 Secure an Official Receipt                                                                                          | 2. Accept the payment based on the Order of Payment<br><br>2.1 Issue the Official Receipt                                                                                                                                | PHP 60.00 for Urinalysis<br><br>PHP 60.00 for Fecalalysis | 2 minutes                     | Revenue Collection Clerk |
| 3. Return to the Laboratory Information Window and give the Official Receipt<br><br>3.1 Submit the specimen/s<br><br>3.2 Obtain information as to the release date and time of the laboratory result/s | 3. Get the Official Receipt (OR) and record the OR Number on the request form<br><br>3.1 Receive the specimen/s and check the label<br><br>3.2 Inform the client that the result/s will be released after two (2) hours. | None<br><br>None<br><br>None                              | 3 minutes<br><br><br>2 hours  | Medical Technologist     |
| 4. On the date and time specified, return to the Laboratory Information Window, and present the Official Receipt (if any) and valid ID to claim the laboratory result.                                 | 4. Verify the Official Receipt (if any) and valid ID presented, retrieve the result, log into the release logbook, and give the result to the client                                                                     | None                                                      | 2 minutes                     | Medical Technologist     |
|                                                                                                                                                                                                        | <b>TOTAL:</b>                                                                                                                                                                                                            | PHP 60.00 for Urinalysis<br><br>PHP 60.00 for Fecalalysis | <b>2 hours and 12 minutes</b> |                          |

**Schedule of Fees:**

| <b>HEMATOLOGY</b>                                 | <b>FEES</b> |
|---------------------------------------------------|-------------|
| CBC                                               | ₱ 150.00    |
| PLATELET COUNT                                    | ₱ 100.00    |
| CBC WITH PLATELET COUNT                           | ₱ 200.00    |
| BLOOD TYPING                                      | ₱ 200.00    |
| <b>CLINICAL MICROSCOPY</b>                        |             |
| ROUTINE URINALYSIS                                | ₱ 60.00     |
| ROUTINE FECALYSIS                                 | ₱ 60.00     |
| PREGNANCY TEST                                    | ₱ 100.00    |
| <b>CLINICAL CHEMISTRY</b>                         |             |
| FBS                                               | ₱ 120.00    |
| BUN                                               | ₱ 100.00    |
| BUA                                               | ₱ 100.00    |
| TRIGLYCERIDES                                     | ₱ 80.00     |
| CHOLESTEROL                                       | ₱ 100.00    |
| CREATININE                                        | ₱ 100.00    |
| AST/SGOT                                          | ₱ 150.00    |
| ALT/SGPT                                          | ₱ 150.00    |
| LIPID PROFILE (Chole, TAG HDL, LDL, VLDL)         | ₱ 500.00    |
| CHEM 6 (FBS, BUN, CREA, BUA, CHOLE, TAG)          | ₱ 500.00    |
| CHEM 8 (FBS, BUN, CREA, BUA, LIPID PROFILE)       | ₱ 920.00    |
| CHEM 8 (FBS, BUN, CREA, BUA, LIPID PROFILE, OTPT) | ₱ 1,220.00  |





## **City Health Office - Rural Health Unit External Services**





## 1. FREE DENTAL CHECK-UP AND TOOTH EXTRACTION SERVICES

In addition to offering free medical consultations, immunizations, and maternal care services, the Rural Health Unit, also provides complimentary dental services. These include dental check-ups and tooth extractions, available from Monday to Friday 9:00 AM – 3:00 PM, to ensure proper oral hygiene.

|                                                                                                             |                                                                                 |                            |                            |                               |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                | CITY HEALTH OFFICE (CHO)<br>RURAL HEALTH UNIT (RHU)                             |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                      | Simple                                                                          |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                            | G2C – Government to Citizen                                                     |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                       | Residents of Antipolo City                                                      |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                            |                                                                                 | <b>WHERE TO SECURE</b>     |                            |                               |
| Individual Dental Record Form (IDRF) – to be accomplished by the client                                     |                                                                                 | CHO - Rural Health Unit    |                            |                               |
| <b>CLIENT STEPS</b>                                                                                         | <b>AGENCY ACTION</b>                                                            | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure a queue number from the RHU Information Desk.                                                     | 1. Issue a queue number.                                                        | None                       | 1 minute                   | BHW on duty                   |
| 2. Proceed to RHU Dental Section, and secure an Individual Dental Record Form (IDRF).                       | 2. Issue an IDRF.                                                               | None                       | 1 minute                   | BHW on duty                   |
| 2.1 Submit the accomplished IDRF for your vital signs check.                                                | 2.1 Receive the IDRF and check the client's vital signs and chief complaint.    | None                       | 3 minutes                  |                               |
| 2.2 Proceed to the waiting area and wait for your queue number to be called.                                | 2.2 None                                                                        | None                       |                            |                               |
| 3. Once your number is called, proceed to the Dental Room for your dental check-up and/or tooth extraction. | 3. Perform the tooth examination, anesthetic application, and tooth extraction. | None                       | 20 minutes                 | Dentist on duty               |
| 3.1 Receive dental care instructions.                                                                       | 3.1 Give dental care instructions.                                              | None                       |                            |                               |
| 3.2 Secure a prescription, if any.                                                                          | 3.2 Issue the prescription.                                                     | None                       |                            |                               |
| <b>TOTAL:</b>                                                                                               |                                                                                 | <b>None</b>                | <b>25 minutes</b>          |                               |

## 2. FREE IMMUNIZATION SERVICES

The CHO - Rural Health Unit (RHU) offers free immunization services for infants aged 0-11 months. Immunizations are administered every Wednesday from 8:00 AM to 4:00 PM.

|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                         |                            |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                        | CITY HEALTH OFFICE (CHO)<br>RURAL HEALTH UNIT                                                                                                                                                                                                                                                               |                                         |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                              | Simple                                                                                                                                                                                                                                                                                                      |                                         |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                    | G2C – Government to Citizen                                                                                                                                                                                                                                                                                 |                                         |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                               | Infants – 0 to 11 month old                                                                                                                                                                                                                                                                                 |                                         |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                             | <b>WHERE TO SECURE</b>                  |                            |                               |
| <i>For existing client:</i><br>1. Child Immunization Card<br><i>For new client:</i><br>1. Child Registration Form – to be accomplished by the child's mother                        |                                                                                                                                                                                                                                                                                                             | - Child's mother<br><br>- RHU Personnel |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                 | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                        | <b>FEES TO<br/>BE PAID</b>              | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| <i>For existing client:</i><br>1. Submit the Child Immunization Card to the RHU Information Desk.<br><br><i>For new client:</i><br>Submit the accomplished Child Registration Form. | 1. Receive the Child Immunization Card and update the child's information.<br><br>Receive the Child Registration Form, register the child's name in the Field Health Service Information System (FHSIS) / Record Book, and record all pertinent data and the child's weight in the Child Immunization Card. | None                                    | 3 minutes                  | RHU personnel on duty         |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             | None                                    | 5 minutes                  | RHU personnel on duty         |
| 1.1 Secure a queue number.                                                                                                                                                          | 1.1 Issue a queue number.                                                                                                                                                                                                                                                                                   | None                                    | -                          | RHU personnel on duty         |

|                                                                                                                               |                                                                                      |      |           |                       |
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| 2. Once your number is called, surrender the queue number to the RHU personnel on duty and submit the child for immunization. | 2. Receive the queue number and administer the immunization to the child.            | None | 5 minutes | RHU personnel on duty |
| 2.1 Receive post-immunization instructions and schedule of the next immunization.                                             | 2.1 Provide post-immunization instructions and advise the child's mother of the next | None | 2 minutes | RHU personnel on duty |

|                                        |                                                                                 |             |                   |                       |
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| 2.2 Claim the Child Immunization Card. | immunization schedule.<br>2.2 Return the Child Immunization Card to the mother. | None        | -                 | RHU personnel on duty |
|                                        | <b>TOTAL:</b>                                                                   | <b>None</b> | <b>15 minutes</b> |                       |



### 3. FREE MATERNAL CARE SERVICES

To achieve a significant reduction, if not complete elimination, of maternal mortality and morbidity rates, it is advised that pregnant women undergo monthly pre-natal check-ups and receive anti-tetanus vaccines.

Maternal care services are available at the CHO - Rural Health Unit (RHU), every Thursday. Additionally, RHU offers family planning (FP) services to promote proper birth spacing, effective birth control measures, and the natural family planning method.

|                                                                                                                                         |                                                                                                                                                                             |                            |                            |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                            | CITY HEALTH OFFICE (CHO)<br>RURAL HEALTH UNIT (RHU)                                                                                                                         |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                  | Simple                                                                                                                                                                      |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                        | G2C – Government to Citizen                                                                                                                                                 |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                   | Pregnant women                                                                                                                                                              |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                        |                                                                                                                                                                             | <b>WHERE TO SECURE</b>     |                            |                               |
| Home Based Maternity Record (HBMR) Card                                                                                                 |                                                                                                                                                                             | CHO - Rural Health Unit    |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                     | <b>AGENCY ACTION</b>                                                                                                                                                        | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| <i>For existing client:</i><br>1. Submit the HBMR Card to CHO - RHU<br><br><i>For new client:</i><br>Register in the Registry Log Book. | 1. Receive the HBMR Card and update the client's information.<br><br>Request the client to sign the Registry Log Book and record the client's information in the HBMR Card. | None<br><br>None           | 5 minutes                  | RHU personnel on duty         |
| 1.1 Secure a queue number.                                                                                                              | 1.1 Issue a queue number.                                                                                                                                                   | None                       |                            |                               |
| 2. Once your number is called, submit yourself for the prenatal examination, and other related examinations.                            | 2. Conduct the prenatal and other related examinations.                                                                                                                     | None                       | 10 minutes                 | RHU personnel on duty         |
| 2.1 Submit yourself for the Tetanus Toxoid vaccination.                                                                                 | 2.1 Administer the Tetanus Toxoid vaccination.                                                                                                                              | None                       | 5 minutes                  | RHU personnel on duty         |

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| 3. Undergo a counseling session, receive health education including a lecture on breastfeeding, and attend a Family Planning (FP) orientation. | 3. Conduct the counseling session, provide health education including a lecture on breastfeeding, and offer orientation on various family planning methods. | None | 15 minutes | RHU personnel on duty |
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|                                                                        |                                                                                                       |             |                   |  |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------|-------------------|--|
| 3.1 Receive the Information/ Education/ Communication (IEC) materials. | 3.1 Distribute the available Information, Education, and Communication (IEC) materials to the client. | None        |                   |  |
|                                                                        | <b>TOTAL:</b>                                                                                         | <b>None</b> | <b>35 minutes</b> |  |

## 4. FREE MEDICAL CONSULTATION SERVICES

The Rural Health Unit (RHU) offers free medical consultation services to residents of nearby barangays every Monday, Thursday, and Friday from 9:00 AM to 2:00 PM. The designated Medical Officer provides diagnosis and treatment of illnesses, prescribes medication, and administers appropriate medical services to out-patients, particularly those unable to access services from private medical clinics.

|                                                                                                                                                                     |                                                                                                                 |                            |                            |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                        | CITY HEALTH OFFICE (CHO)<br>RURAL HEALTH UNIT (RHU)                                                             |                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                              | Simple                                                                                                          |                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                    | G2C – Government to Citizen                                                                                     |                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                               | Residents of Antipolo City                                                                                      |                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                    |                                                                                                                 | <b>WHERE TO SECURE</b>     |                            |                               |
| Out-Patient Data Form – to be accomplished by the client                                                                                                            |                                                                                                                 | Information Desk           |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                 | <b>AGENCY ACTION</b>                                                                                            | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure an OPD Form and a queue number from the Information Desk.                                                                                                 | 1. Issue an OPD Form and a queue number.                                                                        | None                       | 5 minutes                  | RHU Personnel on duty         |
| 1.1 Accomplish and submit the OPD Form to register for consultation.                                                                                                | 1.1 Receive the OPD Form and register data in the Field Health Service Information System (FHSIS).              | None                       |                            |                               |
| 2. Once your number is called, surrender your queue number to the RHU personnel on duty. After this, proceed directly to the Medical Officer for your consultation. | 2. Receive the queue number and refer the client to the Medical Officer on duty.                                | None                       | 2 minutes                  | RHU Personnel on duty         |
| 2.1 Submit yourself for the medical examination.                                                                                                                    | 2.1 Examine the client and provide a diagnosis, treatment, and/or recommend diagnostic procedures as necessary. | None                       | 10 minutes                 | Medical Officer on duty       |
| 2.2 Secure a prescription, if any.                                                                                                                                  | 2.2 Issue the prescription.                                                                                     | None                       | 3 minutes                  | Medical Officer on duty       |
| <b>TOTAL:</b>                                                                                                                                                       |                                                                                                                 | <b>None</b>                | <b>20 minutes</b>          |                               |

## 5. FILING OF COMPLAINTS

Clients who experience unsatisfactory government service or encounter other issues are encouraged to file complaints. Your feedback is invaluable in helping us improve our services and promptly address any concerns.

|                                                                                                       |                                                                                                          |                                                                                                      |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                          | CITY HEALTH OFFICE (CHO)<br>RURAL HEALTH UNIT (RHU)                                                      |                                                                                                      |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                | Simple                                                                                                   |                                                                                                      |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                      | G2C – Government to Citizen<br>G2B – Government to Business<br>G2G – Government to Government            |                                                                                                      |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                 | All                                                                                                      |                                                                                                      |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                      |                                                                                                          | <b>WHERE TO SECURE</b>                                                                               |                            |                               |
| 1. Duly accomplished Complaint Form – Original copy<br>2. Any government-issued ID card – 1 photocopy |                                                                                                          | - Front Desk<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                            |                               |
| <b>CLIENT STEPS</b>                                                                                   | <b>AGENCY ACTION</b>                                                                                     | <b>FEES TO<br/>BE PAID</b>                                                                           | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements.                                                                           | 1. Receive the requirements and verify the nature of the complaint.                                      | None                                                                                                 | 2 minutes                  | Front Desk Staff              |
| 1.1 Proceed to the HR Focal Person for a dialogue.                                                    | 1.1 Endorse the complaint to the HR Focal Person.                                                        | None                                                                                                 | 1 minute                   | Front Desk Staff              |
| 2. Provide details of the complaint.                                                                  | 2. Check the complaint and discuss possible actions to resolve the issues and concerns.                  | None                                                                                                 | 10-15 minutes              | HR Focal Person               |
| 2.1 Obtain the desired resolution of the complaint.                                                   | 2.1 Resolve the issues and concerns raised by the client.                                                | None                                                                                                 | 5-15 minutes               | HR Focal Person               |
| 2.2 None                                                                                              | 2.2 Prepare the minutes of the interview/ dialogue to be noted by the Office Head.                       | None                                                                                                 | 5-10 minutes               | HR Focal Person / Office Head |
| 3. Obtain a copy of the minutes of the dialogue after signing the receiving copy.                     | 3. Retrieve the signed receiving copy and provide the client with a copy of the minutes of the dialogue. | None                                                                                                 | 2 minutes                  | HR Focal Person               |
| <b>TOTAL:</b>                                                                                         |                                                                                                          | None                                                                                                 | <b>25-45 minutes</b>       |                               |



# **Rizal Provincial Hospital System- Antipolo Annex II External Services**



## 1. OUT- PATIENT SERVICES

The Rizal Provincial Hospital System- Antipolo Annex II (RPHS-II) Out-Patient Department offers quality medical care to ambulatory patients that include treatment, clinical laboratories, imaging, and minor surgeries.

|                                                                                                                                                                                                                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
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| <b>OFFICE/DIVISION:</b>                                                                                                                                                                                                                        | Rizal Provincial Hospital System Antipolo Annex II<br>Out- Patient Department |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                         | Simple                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                   | G2C- Government to Citizen                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                          | All                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                               |                                                                               | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                            |                        |                           |
| 1. OPD stub (for old patients)<br>2. Hospital referrals (if any)<br>3. Physician's request (if any)<br><br>4. Valid IDs<br><br><i>For online booked clients:</i><br>Secure a confirmed online schedule – screenshot or printed copy (Optional) |                                                                               | - Medical Records Department<br>- Hospital referrals/ request from previous physician<br>- Hospital referrals/ request from previous medical consultation<br>- BIR, Post Office, DFA, PSA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, OR PSA (Phil ID/PSN)<br><br>- OBGyne<br><a href="https://www.facebook.com/RPHS-Annex-2-OB-Gyne-112364353956800/">https://www.facebook.com/RPHS-Annex-2-OB-Gyne-112364353956800/</a> |                        |                           |
|                                                                                                                                                                                                                                                |                                                                               | - Dental Services<br><a href="https://www.facebook.com/p/RPHS-Annex-2-Dental-Services-100083420817302/">https://www.facebook.com/p/RPHS-Annex-2-Dental-Services-100083420817302/</a>                                                                                                                                                                                                                              |                        |                           |
|                                                                                                                                                                                                                                                |                                                                               | - Urologist<br><a href="https://www.facebook.com/RPHS-Annex-2-URO-106648791360917">https://www.facebook.com/RPHS-Annex-2-URO-106648791360917</a>                                                                                                                                                                                                                                                                  |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                          | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                                            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| <b>ONLINE BOOKING (OLD &amp; NEW) CLIENTS</b>                                                                                                                                                                                                  |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                           |
| 1. Secure online booking request thru:<br><br><a href="https://www.facebook.com/RPHS-Annex-2-OB-Gyne-112364353956800/">https://www.facebook.com/RPHS-Annex-2-OB-Gyne-112364353956800/</a>                                                      |                                                                               | None                                                                                                                                                                                                                                                                                                                                                                                                              | 1 minute               | Booking Manager           |

|                                                                                                                                          |                                                                                                              |      |           |                       |
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|                                                                                                                                          |                                                                                                              |      |           |                       |
|                                                                                                                                          |                                                                                                              |      |           |                       |
| 2. Receive and save the screenshot of Confirmation form of the scheduled appointment                                                     | 2. Send the screenshot copy of the confirmation form of the scheduled appointment                            | None | 1 minute  | Booking Manager       |
| 3. Proceed to RPHS Annex II OPD Registration on the day of confirmed booking.<br><br>Submit booking confirmation, valid ID, and OPD Stub | 3. Verify booking confirmation.<br><br>3.1 Check booking Confirmation and valid ID.<br><br>Fill out OPD Stub | None | 3 minutes | Medical Records Staff |

|                                                                                                                                               |                                                                                                                                                                                                                                                                                   |      |           |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|-----------------------|
| 4. Submit documents for endorsement.<br><br>4.1 None                                                                                          | 4. Prepare documents for OPD consultation.<br><br>4.1 Endorse the patient to OPD nurse on duty.                                                                                                                                                                                   | None | 2 minutes | Medical Records Staff |
| 5. Submit to triage.<br><br>5.1 Undergo measurement of vital signs, weight and height checking and wait for name to be called<br><br>5.2 None | 5. Get the client's vital signs: height and weight<br><br>5.1 Perform measurement of vital signs, height and weight of patient.<br><br>5.2 Endorse the record to the attending physician and instruct the patient to proceed to consultation room and wait for name to be called. | None | 2 minutes | Nursing Aide          |
|                                                                                                                                               |                                                                                                                                                                                                                                                                                   |      |           |                       |

|                                                                                                                                           |                                                                                                                |                                    |            |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|------------|----------------------------------------|
| 6. Once called, proceed to the available Medical Officer for consultation and physical examination.                                       | 6. Perform History/Physical Examination and provide the patient with prescription and/or diagnostic requests   | None                               | 10 minutes | Medical Officer/<br>Medical Specialist |
| 7. Receive prescription and/or diagnostic requests and proceed to pharmacy and/or concerned section/department for the diagnostic request | 7. Provide the patient with an Order of Payment and give instructions on the schedule of diagnostic procedures | Refer to schedule of fees on pages | 2 minutes  | Cashier                                |
| 7.1 Proceed to Mayor's                                                                                                                    | 7.1 Assist the patient                                                                                         |                                    | 3 minutes  | Social worker                          |

|                                                                                                                     |                                                                                                                                                           |                                                 |                   |                                                                       |
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| Help Desk to avail of financial assistance and submit necessary requirements.                                       | to answer forms and receive necessary requirements.                                                                                                       |                                                 |                   |                                                                       |
| 7.2 Proceed to the cashier and pay corresponding fees, if applicable                                                | 7.2 Receive payment and issue Official Receipt                                                                                                            |                                                 | 1 minute          | Cashier                                                               |
| 7.3 Receive Official Receipt and show to the concerned department to confirm the schedule of diagnostic procedure/s | 7.3 Check the Official Receipt and provide instructions to the client on fasting and/or other requirements in undergoing prescribed diagnostic procedures |                                                 | 1 minute          | Medical Staff from Laboratory/<br>Ultrasound/<br>Radiology Department |
|                                                                                                                     | <b>TOTAL:</b>                                                                                                                                             | <b>Amount indicated in the order of payment</b> | <b>26 minutes</b> |                                                                       |



## WALK-IN CLIENTS

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |                                    |                                                            |                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Go to RPHS Annex II<br>OPD Registration area                                                                                                                                                                                                                                                                                                                                                                                        | 1. OPD Registration                                                                                                                                                                                                                                                                                                             | None                               | 2 minutes                                                  | Medical<br>Records Staff                                                                                                                                                                     |
| 1.1 Show valid ID<br>1.2 Issue/Show OPD Stub                                                                                                                                                                                                                                                                                                                                                                                           | 1.1 Check valid ID<br>1.2 Fill out OPD Stub                                                                                                                                                                                                                                                                                     |                                    |                                                            |                                                                                                                                                                                              |
| 2. Submit for endorsement to the OPD Nurse                                                                                                                                                                                                                                                                                                                                                                                             | 2. Prepare documents for OPD consultation then Endorse patient to OPD nurse on duty                                                                                                                                                                                                                                             | None                               | 2 minutes                                                  | Medical<br>Records Staff                                                                                                                                                                     |
| 3. Undergo measurement of vital signs, weight and height checking.<br><br>3.1 Wait for name to be called.                                                                                                                                                                                                                                                                                                                              | 3. Perform measurement of vital signs, height and weight of patient.<br><br>3. Endorse record to the attending physician and instruct patient to wait for name to be called.                                                                                                                                                    | None                               | 2 minutes                                                  | Nursing Aide                                                                                                                                                                                 |
| 4. Once called, proceed to the consultation room<br><br>(Undergo consultation with Medical Officer/ Medical Specialist)                                                                                                                                                                                                                                                                                                                | 4. Perform History/Physical Examination and provide patients with prescription and/or diagnostic requests.                                                                                                                                                                                                                      | None                               | 10 minutes                                                 | Medical<br>Officer/<br>Medical<br>Specialist                                                                                                                                                 |
| 5. Receive prescription and/or diagnostic requests and proceed to pharmacy and/or concerned section/department for the diagnostic request.<br><br>5.1 Proceed to the Mayor's Help Desk to availability of financial assistance and submit necessary requirements.<br><br>5.2 Proceed to the cashier and pay corresponding fees, if applicable.<br><br>5.3 Receive Official Receipt and show to the department concerned to confirm the | 5. Provide patients with an Order of Payment and give instructions on the schedule of diagnostic procedures.<br><br>5.1 Assist patients to answer forms and receive necessary requirements.<br><br>5.2 Receive payment and issue Official Receipt.<br><br>5.3 Check the Official Receipt and provide instructions to the client | Refer to schedule of fees on pages | 2 minutes<br><br>3 minutes<br><br>1 minute<br><br>1 minute | Medical Staff from Laboratory/<br>Ultrasound/<br>Radiology<br>Department<br><br>Social Worker<br><br>Cashier<br><br>Medical Staff from Laboratory/<br>Ultrasound/<br>Radiology<br>Department |

|                                    |                                                                                      |                                                 |                   |  |
|------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|--|
| schedule of diagnostic procedure/s | on fasting and/or other requirements in undergoing prescribed diagnostic procedures. |                                                 |                   |  |
|                                    | <b>TOTAL:</b>                                                                        | <b>Amount indicated in the order of payment</b> | <b>23 minutes</b> |  |

#### OPD SERVICES FOR SENIOR CITIZENS / PWDs (SPECIAL LANE)

|                                                                                                      |                                                                                                                                                                    |                                                                                                                                                                                |                        |                           |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/DIVISION:</b>                                                                              | Rizal Provincial Hospital System- Antipolo Annex II<br>Out- Patient Department (Senior Citizen/ PWDs)                                                              |                                                                                                                                                                                |                        |                           |
| <b>CLASSIFICATION:</b>                                                                               | Simple                                                                                                                                                             |                                                                                                                                                                                |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                         | G2C- Government to Citizen                                                                                                                                         |                                                                                                                                                                                |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                | Senior Citizens / PWDs                                                                                                                                             |                                                                                                                                                                                |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                     |                                                                                                                                                                    | <b>WHERE TO SECURE</b>                                                                                                                                                         |                        |                           |
| 1. OPD stub<br>2. Hospital referrals<br>3. Physician's request<br>4. Valid IDs                       |                                                                                                                                                                    | - Medical Records Department<br>- Previous medical consultation<br>- Former Physician<br>- BIR, Post Office, DFA, PSA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, OR PSA (Phil ID/PSN) |                        |                           |
| <b>CLIENT STEPS</b>                                                                                  | <b>AGENCY ACTION</b>                                                                                                                                               | <b>FEES TO BE PAID</b>                                                                                                                                                         | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Go to RPHS Annex II OPD Registration area<br><br>1.1 Show valid ID<br><br>1.2 Issue/Show OPD Stub | 1. OPD Registration<br><br>1.1 Check valid ID<br><br>1.2 Fill out OPD Stub                                                                                         | None                                                                                                                                                                           | 2 minutes              | Medical Records Staff     |
| 2. Submit documents for endorsement.                                                                 | 2. Prepare documents for OPD consultation. Endorse patients to OPD nurse on duty.                                                                                  | None                                                                                                                                                                           | 2 minutes              | Medical Records Staff     |
| 3. Undergo measurement of vital signs, weight and height checking and wait for name to be called.    | 3. Perform measurement of vital signs, height and weight of patient. Endorse record to the attending physician and instruct patient to wait for name to be called. | None                                                                                                                                                                           | 2 minutes              | Nursing Aide              |

|                                                                                                                                            |                                                                                                                                                           |                                                 |                   |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|-----------------------------------------------------------------------|
| 4. Undergo consultation with a Medical Officer/Medical Specialist.                                                                         | 4. Perform History/Physical Examination and provide patients with prescription and/or diagnostic requests.                                                | None                                            | 10 minutes        | Medical Officer/<br>Medical Specialist                                |
| 5. Receive prescription and/or diagnostic requests and proceed to pharmacy and/or concerned section/department for the diagnostic request. | 5. Provide patients with an Order of Payment and give instructions on the schedule of diagnostic procedures                                               | Refer to schedule of fees on pages              | 2 minutes         | Medical Staff from Laboratory/<br>Ultrasound/<br>Radiology Department |
| 5.1 Proceed to the Mayor's Help Desk to availability of financial assistance and submit necessary requirements                             | 5.1 Assist patients to answer forms and receive necessary requirements                                                                                    |                                                 | 3 minutes         | Social worker                                                         |
| 5.2 Proceed to the cashier and pay corresponding fees, if applicable                                                                       | 5.2 Receive payment and issue Official Receipt                                                                                                            |                                                 | 1 minute          | Cashier                                                               |
| 5.3 Receive Official Receipt and show to the department concerned to confirm the schedule of diagnostic procedure/s                        | 5.3 Check the Official Receipt and provide instructions to the client on fasting and/or other requirements in undergoing prescribed diagnostic procedures |                                                 | 1 minute          | Medical Staff from Laboratory/<br>Ultrasound/<br>Radiology Department |
|                                                                                                                                            | <b>TOTAL:</b>                                                                                                                                             | <b>Amount indicated in the order of payment</b> | <b>23 minutes</b> |                                                                       |

## 2. EMERGENCY SERVICES

The Rizal Provincial Hospital System- Antipolo Annex 2 Emergency Room deals with acute and life- threatening medical conditions. Its primary objective is to provide quality emergency care to patients. The Emergency Room Service is open 24 hours a day, 7 days a week, which primarily facilitates admission and transfer of patients.

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| <b>OFFICE/DIVISION:</b>                                                                                          | Rizal Provincial Hospital System- Antipolo Annex II<br>Emergency Services                                                                     |                        |                                                                                                                                                                                                                 |                                                |
| <b>CLASSIFICATION:</b>                                                                                           | Simple                                                                                                                                        |                        |                                                                                                                                                                                                                 |                                                |
| <b>TYPES OF TRANSACTIONS:</b>                                                                                    | G2C- Government to Citizen                                                                                                                    |                        |                                                                                                                                                                                                                 |                                                |
| <b>WHO MAY AVAIL:</b>                                                                                            | All Patients with emergent and urgent medical attention                                                                                       |                        |                                                                                                                                                                                                                 |                                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                 |                                                                                                                                               |                        | <b>WHERE TO SECURE</b>                                                                                                                                                                                          |                                                |
| 1. OPD stub<br>2. Hospital referrals and other medical records, if any<br>3. Physician's request<br>4. Valid IDs |                                                                                                                                               |                        | - Medical Records Department<br>- Previous medical consultation/physician<br>- Previous medical consultation/physician<br>- BIR, Post Office, DFA, PSA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, OR PSA (Phil ID/PSN) |                                                |
| <b>CLIENT STEPS</b>                                                                                              | <b>AGENCY ACTION</b>                                                                                                                          | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                                                                                                                                                                          | <b>PERSON RESPONSIBLE</b>                      |
| 1. Provide personal information and show ID for verification at ER Triage area.<br><br>1.1 None                  | 1. Encode patient information and brief interview.<br><br>1.1 Pull out patient record and verify ID presented                                 | None                   | 3 minutes                                                                                                                                                                                                       | ER Triage Nurse<br><br>Medical Records Officer |
| 2. Undergo measurement of vital signs, weight and height checking                                                | 2. Perform measurement of vital signs, height and weight of patient and refer to ER doctor concerned                                          | None                   | 2 minutes                                                                                                                                                                                                       | Nurse                                          |
| 3. Undergo consultation with Medical Officer/Specialist                                                          | 3. Perform Physical Examination/consultation and issue prescription and/or diagnostic requests. Advise the patient to proceed to the Pharmacy | None                   | 5 minutes                                                                                                                                                                                                       | Medical Officer<br>Medical Specialist          |

|                                                                                                                                                |                                                                                                                                                   |      |          |                       |
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| 4. Receive prescription and proceed to Pharmacy to avail of the prescribed medicines or to designated section/dept for the diagnostic requests | 4. Nurses assist relatives of the patient/patient in availing of the prescribed medicines and/ or diagnostic requests and issue order of payment. | None | 1 minute | Medical Officer/Nurse |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|-----------------------|

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                      |           |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|--------------------------------------------------------------------------|
| 5. Receive Order of Payment and pay corresponding fees at the Cashier, if applicable                                                                                                                                      | <p>5. Jot down the total amount of medications on prescription</p> <p>Jot down the total amount of laboratory procedures</p> <p>Jot down the total amount of diagnostic procedures</p> <p>Issue order of payment and instruct relative of patient to proceed to Mayor's Help Desk for Assistance or cashier, if applicable.</p> | None                                 | 2 minutes | <p>Pharmacist</p> <p>Laboratory Assistant</p> <p>Radiology Assistant</p> |
| <p>6. Proceed to the Mayor's Help Desk to availability of financial assistance and submit necessary requirements</p> <p>*** After office hours: the Records section clerk will act as the Mayor's Help Desk</p>           | 6. Assist patients to answer forms and receive necessary requirements                                                                                                                                                                                                                                                           | None                                 | 1 minute  | <p>Social Worker</p> <p>Records Section Clerk</p>                        |
| <p>7. Pay the corresponding fee and receive Official Receipt, if applicable</p> <p>***After office hours: Ancillary Services on duty will advise the patient to come back for the Official Receipt the following day.</p> | 7. Receive payment and issue an Official Receipt                                                                                                                                                                                                                                                                                | As indicated in the order of payment | 1 minute  | Cashier                                                                  |

|                                                                                                                                                                                                                  |                                                                                                         |                                                 |                                              |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| 8. Proceed to the laboratory department/ultrasound/radiology section, and show proof of payment if applicable, and undergo diagnostic request or get instructions if the diagnostic request has to be scheduled. | 8. Provide instructions to the patient's relative/patient and proceed to perform the diagnostic request | None                                            | 1 minute                                     | Pharmacist<br>Laboratory Assistant or Radiology Staff |
| 9. Proceed to the lab dept. or radiology/ultrasound section to undergo procedure                                                                                                                                 | 9. Assist the patient and do the contemplated procedure                                                 | None                                            | Depends on the procedure to be performed     | Pharmacist<br>Laboratory Assistant or Radiology Staff |
|                                                                                                                                                                                                                  | <b>TOTAL:</b>                                                                                           | <b>Amount indicated in the order of payment</b> | <b>Depending on the procedure to be done</b> |                                                       |

### 3. DIAGNOSTIC SERVICES

The Rizal Provincial Hospital System- Antipolo Annex II (RPHS- Annex II) provides Radiology, Laboratory and Pharmacy Services for OPD and Admitted patients. Radiology is the medical specialty that uses medical imaging to diagnose and treat diseases which includes X- ray imaging, Electrocardiogram and Ultrasound. The Laboratory and Pathology Department provides clinical and pathologic services where clinical pathology tests are carried out on clinical specimens to obtain information about the health of a patient to aid in diagnosis, treatment and prevention of disease.

|                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                               |                        |                                             |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|
| <b>OFFICE/DIVISION:</b>                                                                                                     | Rizal Provincial Hospital System- Antipolo Annex II Diagnostic Services                                                                                                                                                                                 |                                                                                                                                               |                        |                                             |
| <b>CLASSIFICATION:</b>                                                                                                      | Simple                                                                                                                                                                                                                                                  |                                                                                                                                               |                        |                                             |
| <b>TYPES OF TRANSACTION:</b>                                                                                                | G2C- Government to Citizen                                                                                                                                                                                                                              |                                                                                                                                               |                        |                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                       | All Patients with medical and diagnostics needs.                                                                                                                                                                                                        |                                                                                                                                               |                        |                                             |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                            |                                                                                                                                                                                                                                                         | <b>WHERE TO SECURE</b>                                                                                                                        |                        |                                             |
| 1. Laboratory Request<br>2. Radiological Procedure Request<br>3. Prescription<br>4. Proof of MHD Availment/Proof of payment |                                                                                                                                                                                                                                                         | - Physician from ER or OPD<br>- Physician from ER or OPD<br>- Physician from ER or OPD<br>- From Social Worker (Mayor's Help Desk) or Cashier |                        |                                             |
| <b>CLIENT STEPS</b>                                                                                                         | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                    | <b>FEES TO BE PAID</b>                                                                                                                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                   |
| 1. Proceed to designated departments and present the laboratory/ diagnostic request                                         | 1. Jot down the total amount of laboratory procedures<br><br>Jot down the total amount of diagnostic procedures<br><br>Issue order of payment and instruct relative of patient to proceed to Mayor's Help Desk for Assistance or cashier, if applicable | None                                                                                                                                          | 2 minutes              | Laboratory Staff<br><br><br>Radiology Staff |
| 2. Proceed to Mayor's Help Desk to avail of financial assistance and submit necessary requirements                          | 2. Assist patients to answer forms and receive necessary requirements                                                                                                                                                                                   | Refer to schedule of fees on pages                                                                                                            | 2 minutes              | Social Worker                               |
| 3. Present proof MHD availment of payment and Laboratory and/or Radiologic request                                          | 3. Verify Laboratory and/or Radiologic request, MHD availment                                                                                                                                                                                           | None                                                                                                                                          | 1 minute               | o/Radiology Staff                           |

|                                                                                                                  |                                                                                                            |      |            |                                                 |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------|------------|-------------------------------------------------|
|                                                                                                                  | or payment                                                                                                 |      |            |                                                 |
| 4. Undergo diagnostic procedure requested<br>- Ultrasound<br>- ECG<br>- Xray<br>- Blood/Specimen<br>- Extraction | 4. Conduct diagnostic procedure requested and process specimen. Instruct patients on the release of result | None | 10 minutes | Radiologic Technologist or Medical Technologist |

|                                                                                                                       |                                                                                         |                                                 |                   |                                     |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|-------------------------------------|
| 2. Return to the Laboratory / Radiology Department to present official receipt and claim stub and receive the results | 5. Release the results after verifying patient's name, official receipt and claim stub. | None                                            | 1 minute          | Laboratory Staff<br>Radiology Staff |
|                                                                                                                       | <b>TOTAL:</b>                                                                           | <b>Amount indicated in the order of payment</b> | <b>16 minutes</b> |                                     |

| HOSPITAL SERVICE FEES                                                                                           | RATE    |
|-----------------------------------------------------------------------------------------------------------------|---------|
| Newborn Screening                                                                                               | 1800.00 |
|                                                                                                                 |         |
| LABORATORY SERVICES                                                                                             |         |
| CLINICAL CHEMISTRY                                                                                              |         |
| Lipid Profile Inclusive of:                                                                                     | 500.00  |
| Cholesterol                                                                                                     |         |
| Triglyceride                                                                                                    |         |
| HDL (High Density Lipoprotein)                                                                                  |         |
| LDL (Low Density Lipoprotein)                                                                                   |         |
| VLDL (Very Low Density Lipoprotein)                                                                             |         |
| Fasting Blood Sugar (FBS)                                                                                       | 120.00  |
| Random Blood Sugar (RBS)                                                                                        | 120.00  |
| Creatinine                                                                                                      | 100.00  |
| Blood Urea Nitrogen (BUN)                                                                                       | 100.00  |
| Blood Uric Acid (BUA)                                                                                           | 100.00  |
| Cholesterol                                                                                                     | 100.00  |
| Serum Glutamic Pyruvic Transaminase (SGPT)                                                                      | 150.00  |
| Serum Glutamic Oxaloacetic Transaminase (SGOT)                                                                  | 150.00  |
| HEMATOLOGY                                                                                                      |         |
| Complete Blood Count (CBC) with Platelet Count                                                                  | 200.00  |
| Hemoglobin + Hematocrit (H&H)                                                                                   | 100.00  |
| Peripheral Blood Smear                                                                                          | 200.00  |
| Prothrombin Time with International Normalized Ratio + Activated Partial Thromboplastin Time (PT with INR/APTT) | 700.00  |



|                                                                                                        |         |
|--------------------------------------------------------------------------------------------------------|---------|
| Prothrombin Time with International Normalized Ratio (PT with INR)                                     | 400.00  |
| Activated Partial Thromboplastin Time (APTT)                                                           | 400.00  |
| <b>CLINICAL MICROSCOPY AND PARASITOLOGY</b>                                                            |         |
| Routine Urinalysis                                                                                     | 60.00   |
| Fecalysis                                                                                              | 60.00   |
| Pregnancy Test (Urine)                                                                                 | 100.00  |
| Fecal Occult Blood Test (Qualitative)                                                                  | 100.00  |
| <b>SEROLOGY</b>                                                                                        |         |
| Dengue Immunoglobulin G (IgG), Immunoglobulin M (IgM), Non-structural protein 1 (NS1) (Duo Rapid Test) | 1400.00 |

## SCHEDULE OF FEES/CHARGES LABORATORY

### PROCEDURES

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| Dengue Non-structural protein 1 (NS1) Antigen only (Rapid Test) | 800.00 |
| Hepatitis B Surface Antigen (HBsAg)                             | 200.00 |
| VDRL (Syphilis) Screening (Rapid Test)                          | 200.00 |
| <b>BLOOD BANK</b>                                               |        |
| Crossmatching                                                   | 500.00 |
| Forward ABO and RH grouping (Slide Method)                      | 100.00 |

| X-RAY PROCEDURE                 | RATE          |
|---------------------------------|---------------|
| SKULL                           | 600           |
| PARANASAL SINUSES(PNS)          | 600           |
| WATER'S VIEW                    | 400           |
| NASAL/SOFT TISSUE               | 400           |
| MANDIBLE                        | 400           |
| MASTOID (NOT OFFERED)           | 400           |
| CERVICAL SPINE                  | 400           |
| CHEST PA/CHEST AP/APICO         | 350           |
| CHEST APL/ PEDIA (15 AND BELOW) | 450           |
| CHEST PA/LATERAL                | 350           |
| ABDOMEN SUPINE / UPRIGHT        | 500           |
| THORACIC CAGE / T-CAGE          | 500           |
| CLAVICLE                        | 300(500BILAT) |
| SHOULDER AP                     | 400(700)      |
| ARM/HUMERUS APL                 | 400           |
| ELBOW APL                       | 400(700)      |
| FOREARM APL                     | 400(700)      |
| WRIST APL                       | 350(600)      |
| HAND AP/O / THUMB APL           | 450           |
| PELVIS AP/PELVIS AP             | 500           |

|                            |          |
|----------------------------|----------|
| HIPS FROG LEG              | 350      |
| FEMUR/THIGH APL            | 450(800) |
| KNEE APL                   | 400(800) |
| LEG / TIBIA AND FIBULA APL | 450(800) |
| ANKLE APL                  | 450(800) |
| FOOT AP/O                  | 450(800) |
| ADDITIONAL EXTRA FILM      | 250      |

| NEW RATE    | ULTRASOUND PROCEDURE                                   |
|-------------|--------------------------------------------------------|
| <b>500</b>  | THYROID/NECK (NOT OFFERED)                             |
| <b>450</b>  | SINGLE ORGAN                                           |
| <b>1500</b> | WHOLE ABDOMEN                                          |
| <b>1000</b> | UPPER ABDOMEN<br>LIVER/GB/PANCREAS/SPLEEN              |
| <b>1000</b> | HBT/PANCREAS                                           |
| <b>1000</b> | KUB/P (KIDNEYS, URINARY<br>BLADDER AND PROSTATE)       |
| <b>900</b>  | KUB                                                    |
| <b>450</b>  | PROSTATE                                               |
| <b>1000</b> | LOWER ABDOMEN (KUB PROSTATE<br>INGUINAL) (NOT OFFERED) |
| <b>1000</b> | CHEST (NON-PUI)                                        |
|             | ABDOMINAL AORTA (NOT<br>OFFERED)                       |
|             |                                                        |
|             | FOR OB SONOLOGIST (DR. SAN<br>LUIS)                    |
| <b>800</b>  | PELVIC                                                 |
| <b>800</b>  | BPS                                                    |
| <b>700</b>  | TRANSVAGINAL(TVS)/TRANSRECTAL                          |

#### 4. PREPARATION OF BIRTH CERTIFICATE

The birth of a child being a vital event should be registered at the office of the civil registrar within a 30-day reglementary period from the time of birth. Other than serving identification purposes, a birth certificate is also required by various agencies and instrumentalities in availing of their services.

| <b>OFFICE/DIVISION:</b>                                                                                                                                      | Rizal Provincial Hospital System- Antipolo Annex II Medical Records Department                                                                                                                                        |                                                                                                                       |                   |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                       | Simple                                                                                                                                                                                                                |                                                                                                                       |                   |                       |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                 | G2C- Government to Citizen                                                                                                                                                                                            |                                                                                                                       |                   |                       |
| <b>WHO MAY AVAIL:</b>                                                                                                                                        | Relatives of Newborn patients                                                                                                                                                                                         |                                                                                                                       |                   |                       |
| CHECKLIST OF REQUIREMENTS                                                                                                                                    |                                                                                                                                                                                                                       | WHERE TO SECURE                                                                                                       |                   |                       |
| 1. Claim Stub<br>2. Proof of Identification of parent/s                                                                                                      |                                                                                                                                                                                                                       | - Medical Records Department<br>- BIR, Post Office, DFA, PSA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, OR PSA (Phil ID/PSN) |                   |                       |
| CLIENT STEPS                                                                                                                                                 | AGENCY ACTION                                                                                                                                                                                                         | FEES TO BE PAID                                                                                                       | PROCESSING TIME   | PERSON RESPONSIBLE    |
| 1. Proceed to Medical Records Department                                                                                                                     | 1. Give Birth Certificate sample form                                                                                                                                                                                 | None                                                                                                                  | 2 minutes         | Medical Records Clerk |
| 1.1 Submit properly filled out Birth Certificate form and photocopy of required documents: Valid ID, marriage certificate or AUSF for unmarried couples      | 1.1 Receive Birth Certificate form and validate required information then transcribe data to official birth certificate form                                                                                          | None                                                                                                                  | 10 minutes        | Medical Records Clerk |
| 2. Check all entries on birth certificate and affix signature on official copy of birth certificate and "Release of Responsibility for Erroneous Entry" form | 2. Verify with the client the accuracy and correctness of all the entries and let the client affix their signature on the official copy of birth certificate and "Release of Responsibility for Erroneous Entry" form | None                                                                                                                  | 5 minutes         | Medical Records Clerk |
| 3. Return on scheduled date of release<br><br>3.1 Receive the copy of birth certificate and sign on the issuance logbook                                     | 3. Release the copy of birth certificate<br><br>3.1 Ask the patient to sign on the logbook.                                                                                                                           | None                                                                                                                  | 5 minutes         | Medical Records Clerk |
| <b>TOTAL:</b>                                                                                                                                                |                                                                                                                                                                                                                       | <b>None</b>                                                                                                           | <b>22 minutes</b> |                       |

## 5. ISSUANCE OF DEATH CERTIFICATE

The certificate of death is a permanent legal record which contains an individual's death information. It provides important information and data on the circumstances surrounding the death. The information from death certificates has various uses, it is used for the settlement of claims, inheritance, insurance benefits as well as proof of death. The certificate is likewise provided to the family members since it is a requirement for burial arrangement.

|                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                       |                        |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/DIVISION:</b>                                                                                                                                      | Rizal Provincial Hospital System- Antipolo Annex II Medical Records Department                                                                                                                                        |                                                                                                                       |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                       | Simple                                                                                                                                                                                                                |                                                                                                                       |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                 | G2C- Government to Citizen                                                                                                                                                                                            |                                                                                                                       |                        |                           |
| <b>Who may avail:</b>                                                                                                                                        | Relatives of expired patients                                                                                                                                                                                         |                                                                                                                       |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                             |                                                                                                                                                                                                                       | <b>WHERE TO SECURE</b>                                                                                                |                        |                           |
| 1. Clearance form<br>2. Proof of Identification of relative or nearest kin                                                                                   |                                                                                                                                                                                                                       | - Medical Records Department<br>- BIR, Post Office, DFA, PSA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, OR PSA (Phil ID/PSN) |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                          | <b>AGENCY ACTION</b>                                                                                                                                                                                                  | <b>FEES TO BE PAID</b>                                                                                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to Medical Records Department and fill out patient details on the Death Certificate form                                                          | 1. Give Death Certificate form                                                                                                                                                                                        | None                                                                                                                  | 2 minutes              | Medical Records Clerk     |
| 1.1 Submit Birth Certificate form and Receive clearance form                                                                                                 | 1.1 Validate required information, transcribe data to official Death certificate form and Issue clearance form                                                                                                        | None                                                                                                                  | 2 minutes              | Medical Records Clerk     |
| 2. Check all entries on death certificate and affix signature on official copy of death certificate and "Release of Responsibility for Erroneous Entry" form | 2. Verify with the client the accuracy and correctness of all the entries and let the client affix their signature on the official copy of death certificate and "Release of Responsibility for Erroneous Entry" form | None                                                                                                                  | 5 minutes              | Medical Records Clerk     |
| 3. Receive the copy of death certificate<br>3.1 sign on the issuance logbook                                                                                 | 3. Release the copy of death certificate<br>3.1 Ask the patient to sign on the logbook                                                                                                                                | None                                                                                                                  | 5 minutes              | Medical Records Clerk     |
| <b>Total:</b>                                                                                                                                                |                                                                                                                                                                                                                       | <b>None</b>                                                                                                           | <b>14 minutes</b>      |                           |

## 6. CLASSIFICATION OF PATIENTS FOR FINANCIAL ASSISTANCE BY VARIOUS FUNDING ORGANIZATIONS

In the pursuit of achieving “All for health towards health for all”, the Philippine health agenda defines the blueprint of the government strategies to have inclusive and responsive healthcare for all Filipinos. It aims to provide implementation of discounts for health-related services for indigent patients.

|                                                                               |                                                                            |                                          |                        |                           |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/DIVISION:</b>                                                       | Rizal Provincial Hospital System- Antipolo Annex II Medical Social Service |                                          |                        |                           |
| <b>CLASSIFICATION:</b>                                                        | Simple                                                                     |                                          |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                  | G2C- Government to Citizen                                                 |                                          |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                         | Indigent patients                                                          |                                          |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                              |                                                                            | <b>WHERE TO SECURE</b>                   |                        |                           |
| 1. Proof of Indigency                                                         |                                                                            | - Barangay or City Social Welfare Office |                        |                           |
| <b>CLIENT STEPS</b>                                                           | <b>AGENCY ACTION</b>                                                       | <b>FEES TO BE PAID</b>                   | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to the Medical Social Service Department and submit for interview. | 1. Interview patient, and update patient's record.                         | None                                     | 3 minutes              | Social Worker             |
| 2.Receive routing slip                                                        | 2.Give routing slip to patient with classification                         | None                                     | 3 minutes              | Social Worker             |
|                                                                               | <b>Total:</b>                                                              | <b>None</b>                              | <b>6 minutes</b>       |                           |

## 7. AVAILMENT OF MEDICINE AND SUPPLIES TO PATIENTS

The Pharmacy provides medicines and supplies to in-patients with prescribed daily doses of drugs and medicine. Registered pharmacists dispense prepared medicines to nurses.

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|
| <b>OFFICE/DIVISION:</b>                                                                                                                                                                                                                                       | Rizal Provincial Hospital System- Antipolo Annex II Pharmacy Services                                                                                                                                                                                                                                         |                                                                                                   |                                                                |                                                                  |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                        | Simple                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                |                                                                  |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                  | G2C- Government to Citizen                                                                                                                                                                                                                                                                                    |                                                                                                   |                                                                |                                                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                         | Relatives of In-Patients                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                |                                                                  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                               | <b>WHERE TO SECURE</b>                                                                            |                                                                |                                                                  |
| 1. Prescription                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               | - Doctors/Nurse at the OPD, ER, Ward                                                              |                                                                |                                                                  |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                           | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                                                                          | <b>FEES TO BE PAID</b>                                                                            | <b>PROCESSING TIME</b>                                         | <b>PERSON RESPONSIBLE</b>                                        |
| <b>INDIGENT PATIENTS</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                |                                                                  |
| 1. Show prescription/s at the Pharmacy<br><br><br><br><br><br><br><br><br><br><br>1.1 Out-patient and ER patients<br><br>*** In-patient                                                                                                                       | 1. Validate the prescription and check the availability of medicine. Indicate the corresponding price.<br><br><br><br><br><br><br><br><br><br><br>1. 1 Advice to go to the Mayor's Help Desk<br><br><br><br><br><br><br><br><br><br><br>*** Dispense the medication or medical supplies based on prescription | None                                                                                              | 3 minutes                                                      | Nurses Pharmacist                                                |
| 2. Proceed to the Mayor's Help Desk to avail of financial assistance and submit necessary requirements<br><br>2.1 Proceed to the Cashier and pay the corresponding fee and receive the Official Receipt, if applicable<br><br>2.2 Secure the official receipt | 2. Assist patients to answer forms and receive necessary requirements<br><br>2.1 Receive payment and issue an Official Receipt.<br><br>2.2 Issue the official receipt                                                                                                                                         | None<br><br><br><br><br><br><br><br><br><br><br>Refer to the prescribed schedule of fees on pages | 5 minutes<br><br><br><br><br><br><br><br><br><br><br>2 minutes | Social Worker<br><br><br><br><br><br><br><br><br><br><br>Cashier |

|                                                                                                            |                                                                                                            |      |           |            |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------|-----------|------------|
| 3.Present the Official<br><br>Receipt and<br>prescription. Receive<br>the prescribed medicine<br>or supply | 3.Receive and check<br>the Official Receipt<br>and prescription.<br>Dispense<br>medicines and/or<br>supply | None | 2 minutes | Pharmacist |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------|-----------|------------|

|  |               |                                                             |                   |  |
|--|---------------|-------------------------------------------------------------|-------------------|--|
|  | <b>Total:</b> | <b>Amount<br/>indicated in<br/>the order<br/>of payment</b> | <b>12 minutes</b> |  |
|--|---------------|-------------------------------------------------------------|-------------------|--|

| ITEM DESCRIPTION(MEDICINES)                   | PRICE    |
|-----------------------------------------------|----------|
| Amikacin Sulfate 125mg (250mg/ 2ml) amp       | 74.00    |
| Amiodarone 150mg/ 3ml amp                     | 495.00   |
| Aminophylline 25mg/ml amp, 10ml               | 45.00    |
| Amphotericin B 50mg/ml vial                   | 3,300.00 |
| Ampicillin Sodium 500mg vial                  | 55.00    |
| Ampicillin +Sulbactam 750mg vial              | 249.00   |
| Atracurium Besylate 25mg/ 2.5ml amp           | 327.00   |
| Atropine Sulfate 1mg/ ml amp                  | 115.00   |
| Tetanus Antitoxin (ATS) 1500IU/ 0.7ml amp     | 135.00   |
| Bacillus clausii 2B IU, 5ml vial              | 40.00    |
| Benzylpenicillin Sodium 1M vial               | 22.00    |
| Bupivacaine HCL 0.5%mg/ml, 4ml                | 900.00   |
| Butorphanol, 2mg/ml amp                       | 689.00   |
| Calcium Gluconate 10%, 10mg (100mg/ml) Ampule | 119.00   |
| Carbetocin 100mcg/mL, 1ml Ampule              | 1,200.00 |
| Carboprost Trometamol 125mcg/ 0.5ml amp       | 289.00   |
| Carboprost Trometamol 250mcg/ml amp           | 500.00   |
| Cefazolin Sodium 1g vial                      | 280.00   |
| Cefoxitin Sodium 1g vial                      | 800.00   |
| Ceftazidime Sodium 1g vial                    | 210.00   |
| Cefuroxime Sodium 750mg vial                  | 88.00    |
| Ceftriaxone Sodium 1g vial                    | 368.00   |
| Ciprofloxacin 200mg/ml 100ml IV solution      | 350.00   |
| Citicoline 1g/4ml Amp                         | 233.00   |
| Clindamycin 600mg/4ml amp                     | 370.00   |
| Clonidine HCl 150mcg/ ml                      | 168.00   |
| Dexamethasone Sodium 4mg/ml (8mg/2ml) amp     | 93.00    |
| Diclofenac Sodium 25mg/ml (75mg/3ml) amp      | 40.00    |
| Digoxin 250mcg/ml, 2ml amp                    | 200.00   |
| Diphenhydramine HCL, 50mg/ml amp              | 190.00   |

|                                                |          |
|------------------------------------------------|----------|
| Dobutamine HCL 12.5mg/ml (250mg/ 20ml) vial    | 519.00   |
| Dobutamine HCL 50mg/ml (250mg/5ml) amp         | 375.00   |
| Dopamine 400mg/ml (200mg/5ml) amp              | 147.00   |
| Enoxaparin Na 40mg/ 0.4ml pre- filled syringes | 897.00   |
| Enoxaparin Na 60mg/ 0.6ml pre- filled syringes | 1,118.00 |
| Epinephrine HCL 1mg/ml amp                     | 29.00    |
| Furosemide 10mg/ml (20mg/2ml), amp             | 15.00    |

## SCHEDULE OF FEES

## PRICES OF MEDICINES

|                                                       |          |
|-------------------------------------------------------|----------|
| Gentamicin Sulfate, 40mg/ml (80mg/2ml) amp            | 29.00    |
| Hydralazine HCL 20mg/ml amp                           | 125.00   |
| Hydrocortisone Na Succinate 100mg vial                | 149.00   |
| Hydrocortisone Na Succinate 250mg vial                | 240.00   |
| Hydrocortisone Na Succinate 500mg vial                | 146.00   |
| Hyoscine N-Butylbromide 20mg/ml amp                   | 35.00    |
| Insulin Biphasic Isophane Human 70/30, 100IU/ml, 10ml | 580.00   |
| Insulin Regular 100IU/ml, 10ml                        | 470.00   |
| Iron Sucrose 20mg/ml, 5ml                             | 288.00   |
| Isoxsuprine 5mg/ml (10mg/2ml), amp                    | 216.00   |
| Isoflurane 100ml bottle                               | 24.95/ml |
| Ketorolac Trometamol 30mg/ml amp                      | 45.00    |
| Lactulose 3.3g/5ml syr 120ml                          | 190.00   |
| Lidocaine HCL 2%, 20mg/ml (1000mg/50ml) vial          | 67.00    |
| Magnesium Sulfate 25%, 20ml (250mg/ml) vial           | 56.00    |
| Meropenem 500mg vial                                  | 550.00   |
| Meropenem 1g vial                                     | 850.00   |
| Methyergometrine Maleate 200mcg/ ml amp               | 89.00    |
| Metoclopramide 5mg/ml, (10mg/2ml) amp                 | 36.00    |
| Metronidazole 5mg/ml (500mg/100ml) vial               | 79.00    |
| Naloxone 400mcg/ml, 1ml                               | 413.00   |
| Neostigmine 500mcg/ml, 1ml amp                        | 124.00   |
| Nicardipine HCL 1mg/ml (10mg/10ml) amp                | 420.00   |
| Norepinephrine 1mg/ml, 2ml amp                        | 450.00   |
| Omeprazole 40mg vial                                  | 240.00   |
| Oxacillin Sodium 500mg vial                           | 90.00    |
| Oxytocin 10IU/ml, 1ml amp                             | 295.00   |
| Paracetamol 150mg/ml (300mg/2ml) amp                  | 14.00    |
| Paracetamol 100mg/ml, 10ml vial                       | 290.00   |
| Phenytoin Sodium 50mg/ml, 2ml amp                     | 720.00   |
| Phytomenadione 10mg/ml amp                            | 45.00    |
| Piperacillin+Tazobactam 2.25g vial                    | 298.00   |
| Piperacillin+Tazobactam 4.5g vial                     | 450.00   |



|                                              |          |
|----------------------------------------------|----------|
| Propofol 10mg/ml, 20ml Ampule                | 513.00   |
| Promethazine HCL 25mg/ml (50mg/2ml), amp     | 60.00    |
| Ranitidine HCL 25mg/ml (50mg/ 2ml, amp       | 32.00    |
| Sodium Bicarbonate 8.4%, 84mg/ml, 50ml       | 165.00   |
| Sodium Bicarbonate 8.4%, 84mg/ml, 20ml       | 28.00    |
| Succinylcholine Cl 20mg/ml (200mg/10ml) vial | 698.00   |
| Tramadol HCL 50mg/ml (100mg/2ml) amp         | 34.00    |
| Terbutaline Sulfate 500mcg/ml, 1ml amp       | 98.00    |
| Tetanus Toxoid 40IU amp                      | 100.00   |
| Tranexamic Acid 100mg/ml (500mg/ 5ml) amp    | 100.00   |
| Vancomycin 500mg vial                        | 995.00   |
| Vancomycin 1g vial                           | 1,400.00 |
| Verapamil HCL 5mg/2ml amp                    | 181.00   |
| Vitamin B1+B6+B12 100mg/mg/3ml amp           | 200.00   |

#### PRICES OF IV FLUIDS

| ITEM DESCRIPTION(I.V FLUIDS)                  | PRICE    |
|-----------------------------------------------|----------|
| D50 50                                        | 78.00    |
| D5IMB 500ml                                   | 95.00    |
| D5LR 500ml                                    | 108.00   |
| D5LR 1L                                       | 100.00   |
| D5 0.3 NaCl 500ml                             | 95.00    |
| D5 0.9 NaCl (D5NSS) 1L                        | 100.00   |
| D5NM 1L                                       | 100.00   |
| D5Water 500ml                                 | 98.00    |
| D5Water 1L                                    | 100.00   |
| D10 Water 500ml                               | 95.00    |
| Plain LR 500ml                                | 95.00    |
| Plain LR 1L                                   | 100.00   |
| PLAIN NSS(0.9 SODIUM CL) 1L                   | 100.00   |
| PLAIN NSS(0.9 SODIUM CL) 500ml                | 95.00    |
| Mannitol 20%, 500ml 20%, 500ml                | 350.00   |
| Potassium Chloride/ 2meq, 20ml                | 53.00    |
| Sterile Water for inj., 50ml                  | 56.00    |
| Hydroxyethyl starch sol'n for infusion, 500ml | 1,200.00 |

| ITEM DESCRIPTION(TABLETS/CAPSULE)         | PRICE  |
|-------------------------------------------|--------|
| Activated Charcoal 10g/ sachet powder     | 148.00 |
| Acetylcysteine 600mg, Effervescent Tablet | 27.00  |
| Amoxicillin trihydrate 500mg capsule      | 4.00   |
| Amlodipine 5mg tablet                     | 4.00   |
| Amlodipine 10mg tablet                    | 4.00   |
| Atorvastatin 40mg tablet                  | 9.00   |
| Atorvastatin 80mg tablet                  | 20.00  |
| Aspirin 80mg tablet                       | 2.00   |
| Ascorbic acid 500mg capsule               | 2.00   |

|                                |        |
|--------------------------------|--------|
| Azithromycin 500mg tablet      | 120.00 |
| Aspirin 300mg tablet           | 4.60   |
| Betahistine 16mg tablet        | 61.00  |
| Butamirate Citrate 50mg tablet | 15.00  |
| Carvedilol 6.25 tablet         | 6.00   |
| Carvedilol 25mg tablet         | 10.00  |
| Cefuroxime Sodium 500mg tablet | 22.00  |
| Celecoxib 200mg capsule        | 9.00   |
| Cetirizine 10mg tablet         | 27.00  |
| Clindamycin 300mg capsule      | 35.00  |
| Ciprofloxacin 500mg tablet     | 19.00  |
| Clonidine HCL 75mcg tablet     | 52.00  |
| Co-amoxiclav 625mg tablet      | 14.00  |
| Dipenhydramine 50mg capsule    | 3.00   |
| Ferrous Sulfate 325mg tablet   | 2.00   |
| Furosemide 40mg tablet         | 6.00   |

|                                           |        |
|-------------------------------------------|--------|
| Irbesartan 150mg tablet                   | 9.00   |
| Isosorbide Dinitrate 5mg tablet           | 8.00   |
| Isosorbide Mononitrate 30mg tablet        | 11.00  |
| Isosorbide Mononitrate 60mg tablet        | 12.00  |
| Losartan 50mg tablet                      | 4.00   |
| Losartan 100mg tablet                     | 6.00   |
| Levofloxacin 500mg tablet                 | 42.00  |
| Mefenamic Acid 500mg capsule              | 8.00   |
| Methyprednisolone 4mg tablet              | 10.00  |
| Metformin 500mg tablet                    | 15.00  |
| Metoprolol 50mg tablet                    | 3.00   |
| Metronidazole 500mg tablet                | 15.00  |
| Montelukast 10mg tablet                   | 16.00  |
| Nifedipine softgel SL 5mg softgel capsule | 3.00   |
| Oral Rehydration Salts 75g Sachet         | 7.00   |
| Paracetamol 500mg tablet                  | 2.00   |
| Propylthiouracil 50mg tablet              | 21.00  |
| Potassium Chloride 600mg tablet           | 15.00  |
| Rosuvastatin 10mg tablet                  | 8.00   |
| Rosuvastatin 20mg tablet                  | 12.00  |
| Sambong 500mg tablet                      | 7.00   |
| Simvastatin 20mg tablet                   | 6.00   |
| Simvastatin 40mg tablet                   | 7.00   |
| Spironolactone 25mg tablet                | 145.00 |
| Tamsulozin 400mcg tablet                  | 18.00  |
| Tramadol 50mg capsule                     | 4.00   |
| Tranexamic Acid 500mg capsule             | 12.00  |
| Trimetazidine 35mg tablet                 | 8.00   |
| Valsartan 80mg tablet                     | 14.00  |
| Vitamin B complex                         | 11.00  |

| ITEM DESCRIPTION (SYRUP/SUSP)                                       | PRICE    |
|---------------------------------------------------------------------|----------|
| AluminumHydroxide+Magnesium Hydroxide<br>225mg+200mg/5ml Susp, 60ml | 170.00   |
| Ascorbic Acid drops 100mg/ml, 15ml                                  | 37.00    |
| Ascorbic Acid drops 100mg/ml, syr 60ml                              | 49.00    |
| Azithromycin 200mg/5ml suspension                                   | 386.00   |
| ITEM DESCRIPTION(NEBULES/MDI)                                       | PRICE    |
| Budesonide Respule 250mcg/ml, (500mcg/ 2ml)                         | 63.00    |
| Salbutamol Nebule 1mg/ml, 2.5ml                                     | 12.00    |
| Salbutamol S04+Ipratropium Br, 2.5mg/500mcg/ 2.5ml                  | 26.00    |
| Budesonide 200mcg, 100 doses Turbohaler                             | 1,140.00 |
| Salbutamol Sulfate 100mcg/dose x200 doses MDI                       | 1,100.00 |

| Salmeterol+Fluticasone Propionate 25mcg/125mcg x 120<br>doses MDI  | 550.00 |
|--------------------------------------------------------------------|--------|
| Salmeterol+Fluticasone Propionate 250mcg/125mcg x 120<br>doses MDI | 854.00 |
| ITEM DESCRIPTION(CREAMS/OINT)                                      | PRICE  |
| Erythromycin Ophthalmic Ointment 0.5 (5mg/3.5g)                    | 138.00 |
| Erythromycin Ophthalmic Ointment 0.5 (5mg/5g)                      | 155.00 |
| Mupirocin Ointment 2.0% 5g tube                                    | 135.00 |
| Silver Sulfadiazine 10mg/25g cream                                 | 129.00 |
| Silver Sulfadiazine 10mg/500g cream                                | 950.00 |

| ITEM DESCRIPTION(DANGEROUS DRUGS)  | PRICE    |
|------------------------------------|----------|
| Diazepam 5mg/ml. 2ml amp           | 138.00   |
| Ephedrine Sulfate 50mg/ml, 1ml amp | 117.00   |
| Fentanyl Citrate 50mcg/ml,2ml amp  | 650.00   |
| Ketamine HCL 50mg/ml, 10ml vial    | 1,440.00 |
| Midazolam 5mg/ml, amp              | 159.00   |
| Nalbuphine 10mg/ml, amp            | 103.00   |
| Morphine Sulfate, 10mg/ml, amp     | 520.00   |
| Phenobarbital Na 130mg/ml, amp     | 649.00   |

#### PRICES OF MEDICAL SUPPLIES

| ITEMS (MEDICAL SUPPLIES) | PRICE |
|--------------------------|-------|
| ABBOCATH G.18            | 90.00 |
| ABBOCATH G.20            | 90.00 |
| ABBOCATH G.22            | 90.00 |
| ABBOCATH G.24            | 90.00 |
| ABBOCATH G. 26           | 90.00 |
| ASEPTO SYRINGE           | 50.00 |

|                                |        |
|--------------------------------|--------|
| BLOOD TRANSFUSION SET(BT SET)  | 100.00 |
| CHROMIC 1.0(ROUND)             | 200.00 |
| CHROMIC 2.0(ROUND)             | 200.00 |
| CHROMIC 2.0(CUTTING)           | 200.00 |
| CHROMIC 3.0(ROUND)             | 200.00 |
| CHROMIC 3.0(CUTTING)           | 200.00 |
| CORD CLAMP                     | 10.00  |
| DISP. SYRINGES(1CC)            | 10.00  |
| DISP. SYRINGES(3CC)            | 10.00  |
| DISP. SYRINGES (5CC)           | 10.00  |
| DISP. SYRINGES (10CC)          | 10.00  |
| INSULIN SYRINGE                | 15.00  |
| DISP. SYRINGES 20CC            | 25.00  |
| ENDOTRACHEAL TUBE(ET TUBE) 2.5 | 180.00 |
| ENDOTRACHEAL TUBE(ET TUBE) 3.0 | 180.00 |
| ENDOTRACHEAL TUBE(ET TUBE) 3.5 | 180.00 |
| ENDOTRACHEAL TUBE(ET TUBE) 4.0 | 180.00 |
| ENDOTRACHEAL TUBE(ET TUBE) 4.5 | 180.00 |
| ENDOTRACHEAL TUBE(ET TUBE) 5.0 | 180.00 |

|                                   |         |
|-----------------------------------|---------|
| ENDOTRACHEAL TUBE(ET TUBE) 5.5    | 180.00  |
| ENDOTRACHEAL TUBE(ET TUBE) 6.0    | 180.00  |
| ENDOTRACHEAL TUBE(ET TUBE) 6.5    | 180.00  |
| ENDOTRACHEAL TUBE(ET TUBE) 7.0    | 180.00  |
| ENDOTRACHEAL TUBE(ET TUBE) 7.5    | 180.00  |
| ENDOTRACHEAL TUBE(ET TUBE) 8.0    | 180.00  |
| ELASTIC BANDAGE 2X5               | 60.00   |
| ELASTIC BANDAGE 3X5               | 70.00   |
| ELASTIC BANDAGE 4X5               | 70.00   |
| EPIDURAL SET                      | 1513.00 |
| FEEDING TUBE FR. 5 (NGT)          | 25.00   |
| FEEDING TUBE FR. 8(NGT)           | 25.00   |
| FEEDING TUBE FR. 10 (NGT)         | 25.00   |
| FEEDING TUBE FR. 12 (NGT)         | 25.00   |
| FEEDING TUBE FR. 16 (NGT)         | 25.00   |
| FOLEY CATHETER FR.(14)            | 130.00  |
| FOLEY CATHETER FR.(16)            | 130.00  |
| HEPLOCK                           | 50.00   |
| BLOOD GLUCOSE STRIPS(HGT)W/LANCET | 50.00   |
| MACROSET                          | 65.00   |
| MICROSET                          | 65.00   |
| MICROPORE TAPE 1NCH               | 40.00   |
| MICROPORE TAPE 1/2 INCH           | 25.00   |
| OXYGEN CANNULA(ADULT)             | 70.00   |
| OXYGEN CANNULA(PEDIA)             | 70.00   |

|                           |        |
|---------------------------|--------|
| OXYGEN CANNULA(NEONATE)   | 70.00  |
| NEBULIZER KIT             | 100.00 |
| NYLON 3.0 CUTTING         | 436.00 |
| STERILE GAUZE 4X4(OS)     | 15.00  |
| OXYGEN MASK(ADULT)        | 190.00 |
| OXYGEN MASK(PEDIA)        | 190.00 |
| PLAIN SUTURES 2.0(ROUND)  | 180.00 |
| PLAIN SUTURES 3.0(ROUND)  | 180.00 |
| PLASTER OF PARIS          | 92.00  |
| SILK SUTURES 2.0(BRAIDED) | 205.00 |
| SILK SUTURES 2.0(CUTTING) | 205.00 |
| SILK SUTURES 2.0(ROUND)   | 205.00 |
| SILK SUTURES 3.0(CUTTING) | 205.00 |
| SILK SUTURES 4.0(ROUND)   | 205.00 |
| SILK SUTURES 4.0(CUTTING) | 205.00 |
| SOLUSET/INFUSION SET      | 270.00 |
| SPINAL NEEDLE G.25        | 65.00  |
| STERILE GLOVES(6.0)       | 25.00  |
| STERILE GLOVES(6.5)       | 25.00  |
| STERILE GLOVES(7.0)       | 25.00  |
| STERILE GLOVES(7.5)       | 25.00  |
| STERILE GLOVES(8.0)       | 25.00  |
| SUCTION CATHETER FR. (5)  | 25.00  |

|                                   |        |
|-----------------------------------|--------|
| SUCTION CATHETER FR. ( 8)         | 25.00  |
| SUCTION CATHETER FR. (10)         | 25.00  |
| SUCTION CATHETER FR. ( 12)        | 25.00  |
| SUCTION CATHETER FR. (14)         | 25.00  |
| SUCTION CATHETER FR. (16)         | 25.00  |
| SURGICAL BLADE # 10               | 35.00  |
| SURGICAL BLADE # 11               | 35.00  |
| SURGICAL BLADE # 15               | 35.00  |
| SURGICAL BLADE # 20               | 35.00  |
| THORACIC CATHETER FR. 36          | 300.00 |
| URINE BAG(ADULT)                  | 25.00  |
| VICRYL SUTURES 1.0(ROUND)         | 390.00 |
| VICRYL SUTURES 1.0(CUTTING)       | 390.00 |
| VICRYL 2.0(ROUND)                 | 390.00 |
| VICRYL SUTURES 3.0(CUTTING)       | 390.00 |
| VICRYL SUTURES 4.0(ROUND BRAIDED) | 390.00 |
| WADDING SHEET                     | 90.00  |
| YANKAUER SUNCTION SET             | 230.00 |
| ZINC OXIDE TAPE 1.25CMX1M         | 132.00 |
| ZINC OXIDE TAPE 2.50CMX1M         | 215.00 |

## 8. ISSUANCE OF BILLING STATEMENT

The hospital billing section shall ensure the patient's statement of account is up to date and released to relative or patient prior to discharge.

|                                                                  |                                                                                                                                                         |                        |                        |                                                           |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------------|
| <b>OFFICE/DIVISION:</b>                                          | Rizal Provincial Hospital System- Antipolo Annex II Billing Department                                                                                  |                        |                        |                                                           |
| <b>CLASSIFICATION:</b>                                           | Simple                                                                                                                                                  |                        |                        |                                                           |
| <b>TYPES OF TRANSACTIONS:</b>                                    | G2C- Government to Citizen                                                                                                                              |                        |                        |                                                           |
| <b>WHO MAY AVAIL:</b>                                            | All Patients                                                                                                                                            |                        |                        |                                                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                 |                                                                                                                                                         | <b>WHERE TO SECURE</b> |                        |                                                           |
| None                                                             |                                                                                                                                                         | None                   |                        |                                                           |
| <b>CLIENT STEPS</b>                                              | <b>AGENCY ACTION</b>                                                                                                                                    | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                 |
| 1. Await advice when to proceed to the billing section area.     | 1. Bring down the charts for discharge and Inform patients to wait for the advice when to go down to the Billing section                                | None                   | 2 minutes              | Nurses                                                    |
| 2 . Proceed to Business Center and request for billing statement | 2. Receive patient's chart. Check if cleared per department through IHOMIS program and Review Summary of Charges after PHIC case rate has been assigned | None                   | 15 minutes             | Billing Officer<br>Ancillary Services<br>Philhealth Clerk |
| 3 . Receives Summary of Charges                                  | 3. Releases Summary of Charges.<br>Refer to Mayor's Help Desk if needs financial assistance                                                             | None                   | 1 minute               | Billing Officer                                           |
|                                                                  | <b>TOTAL:</b>                                                                                                                                           | <b>None</b>            | <b>18 minutes</b>      |                                                           |

## 9. PHILHEALTH INSURANCE CORPORATION (PHIC) BENEFIT AVAILMENT

The National Health Insurance program was established to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines. The program shall be limited to paying for the utilization of health services by covered beneficiaries.

|                                                                                                             |                                                                                        |                        |                        |                           |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------|
| <b>OFFICE/DIVISION:</b>                                                                                     | Rizal Provincial Hospital System- Antipolo Annex II Philhealth Availment               |                        |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                      | Simple                                                                                 |                        |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                | G2C- Government to Citizen                                                             |                        |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                       | Patients with existing Philhealth membership                                           |                        |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                            |                                                                                        | <b>WHERE TO SECURE</b> |                        |                           |
| 1. Member Data Record, Philhealth ID                                                                        |                                                                                        | - PhilHealth Office    |                        |                           |
| <b>CLIENT STEPS</b>                                                                                         | <b>AGENCY ACTION</b>                                                                   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to the Philhealth Section of Business Office and ask for requirements for Philhealth benefits.   | 1. Give the list of requirements and provide instructions on how to avail the benefit. | None                   | 3 minutes              | PhilHealth Clerk          |
| 2. Upon completion of requirements, proceed to the Philhealth Section of Business Office for its submission | 2. Receive and evaluate PHIC documents and issue Philhealth Data Sheet.                | None                   | 10 minutes             | PhilHealth Clerk          |
|                                                                                                             | <b>TOTAL</b>                                                                           | <b>None</b>            | <b>13 minutes</b>      |                           |

## 10.PAYMENT TRANSACTIONS

The Hospital cashier receives payments and issues official receipts for payment of hospital fees and other charges as proof for all kinds of transactions within the hospital. This includes the process for payment of availed hospital services, supplies and medicines.

|                                                              |                                                                    |                                               |                        |                           |
|--------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/DIVISION:</b>                                      | Rizal Provincial Hospital System- Antipolo Annex II Billing System |                                               |                        |                           |
| <b>CLASSIFICATION:</b>                                       | Simple                                                             |                                               |                        |                           |
| <b>TYPES OF TRANSACTIONS:</b>                                | G2C- Government to Citizen                                         |                                               |                        |                           |
| <b>WHO MAY AVAIL:</b>                                        | Patients /Relatives                                                |                                               |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                             |                                                                    | <b>WHERE TO SECURE</b>                        |                        |                           |
| 1. Diagnostic request<br>2. Prescription<br>3. Hospital Bill |                                                                    | - Physician<br>- Physician<br>- Billing Staff |                        |                           |
| <b>CLIENT STEPS</b>                                          | <b>AGENCY ACTION</b>                                               | <b>FEES TO BE PAID</b>                        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1.Give the diagnostic request, prescription or hospital bill | 1.Verify request, prescription or bill                             | None                                          | 1 minute               | Cashier                   |
| 2.Pay the corresponding amount                               | 2. Receive payment and prepare the Official Receipt                | None                                          | 1 minute               | Cashier                   |
| 3.Receive the Official Receipt                               | 3. Issue official receipt                                          | None                                          | 1 minute               | Cashier                   |
|                                                              | <b>TOTAL</b>                                                       | <b>None</b>                                   | <b>3 minutes</b>       |                           |



## 11.CLASSIFICATIONS OF IN-PATIENTS

Identification of Philhealth membership status of a patient.

**Non-Philhealth member patients are classified as financially incapable, and his/her parent or guardian shall qualify for Point-of-Service and may immediately avail themselves of benefits.**

|                                                                                                                                                 |                                                                                                                                                          |                                                       |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/DIVISION:</b>                                                                                                                         | Rizal Provincial Hospital System- Antipolo Annex II<br>Philhealth / POS Membership                                                                       |                                                       |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                          | Simple                                                                                                                                                   |                                                       |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                    | G2C- Government to Citizen                                                                                                                               |                                                       |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                           | Existing Philhealth membership<br>Non-Philhealth membership Inactive<br>Philhealth membership                                                            |                                                       |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                |                                                                                                                                                          | <b>WHERE TO SECURE</b>                                |                        |                           |
| 1.) Philhealth Membership ID<br>2.) Proof of Indigency                                                                                          |                                                                                                                                                          | 1.) Philhealth Insurance Corp<br>2.) Barangay or CSWD |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                             | <b>AGENCY ACTION</b>                                                                                                                                     | <b>FEES TO BE PAID</b>                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to the Mayor's Help Desk for an interview and briefing on the programs                                                               | 1.Interview and conduct briefing/ orientation on the patient                                                                                             | None                                                  | 5 minutes              | Social Worker             |
| 2. Receive instructions regarding:<br><br>- programs and services of the hospital and the<br><br>- benefits and limitations of the service card | 2. Classify the patient and orient the client about the programs and services of the hospital. Explain the benefits and limitations of the service card. | None                                                  | 5 minutes              | Social Worker             |
|                                                                                                                                                 | <b>TOTAL</b>                                                                                                                                             | <b>None</b>                                           | <b>10 minutes</b>      |                           |

## 12.ENDORSEMENT FOR MEDICAL FINANCIAL ASSISTANCE OF PATIENTS UNDER C3 AND D CLASSIFICATION AND NON-ACTIVE PHIC MEMBER –

The Rizal Provincial Hospital System- Antipolo Annex II (RPHS- Annex II) as an accredited PHIC provider also offers Point-of-Care enrolment program to non- PhilHealth members belonging to Class 3 or D confined in government hospitals **Non-PhilHealth member patient classified as financially incapable and his/her parent or guardian for below 21 years old shall qualify for Point-of- Service and may immediately avail of benefits.**

|                                                                                                                                                     |                                                                                                                                                                                                                                                      |                                                                                                                                                         |                        |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------|
| <b>OFFICE/DIVISION:</b>                                                                                                                             | Rizal Provincial Hospital System- Antipolo Annex II<br>Point of Service Program                                                                                                                                                                      |                                                                                                                                                         |                        |                                   |
| <b>CLASSIFICATION:</b>                                                                                                                              | Simple                                                                                                                                                                                                                                               |                                                                                                                                                         |                        |                                   |
| <b>TYPE OF TRANSACTION:</b>                                                                                                                         | G2C- Government to Citizen                                                                                                                                                                                                                           |                                                                                                                                                         |                        |                                   |
| <b>WHO MAY AVAIL:</b>                                                                                                                               | Non-philhealth member patients                                                                                                                                                                                                                       |                                                                                                                                                         |                        |                                   |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                    |                                                                                                                                                                                                                                                      | <b>WHERE TO SECURE</b>                                                                                                                                  |                        |                                   |
| 1. Proof of Indigency<br>2. Medical certificate<br>3. PMRF and CF1<br>4. Any valid identification cards <b>OR</b> Birth certificate (PSA certified) |                                                                                                                                                                                                                                                      | - Barangay / CSWD<br>- Records section<br>- Philhealth Section<br>- BIR, Post Office, DFA, PSA, SSS, GSIS, LTO, Pag- IBIG, COMELEC, OR PSA, Phil ID/PSN |                        |                                   |
| <b>CLIENT STEPS</b>                                                                                                                                 | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                 | <b>FEES TO BE PAID</b>                                                                                                                                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>         |
| 1. Proceed to the Mayor's Help Desk and submit for interview                                                                                        | 1. Conduct patient interview and assessment                                                                                                                                                                                                          | None                                                                                                                                                    | 5 minutes              | Social Worker                     |
| 2. Submit PMRF and CF1 to Billing Section and return to the Medical Social Service Department to get POS-PIN.                                       | 2. Fill-out PMRF and CF1 form for Hospital- Sponsored Membership (POS Program); and enroll the patient.<br><br>Instruct patient to submit PMRF and CF1 to billing Section POS Window and give POS Personal Identification Number (POS-PIN) to client | None                                                                                                                                                    | 5 minutes              | Social Worker<br>PhilHealth Staff |
|                                                                                                                                                     | <b>TOTAL</b>                                                                                                                                                                                                                                         | <b>None</b>                                                                                                                                             | <b>10 minutes</b>      |                                   |

### 13.MEDICO LEGAL SERVICES

The Rizal Provincial Hospital System- Antipolo Annex II (RPHS- AnnexII) provides medico- legal services for patients with medico- legal complaints.

|                                                                                                                                                  |                                                                                                                                                                                    |                                                                                       |                        |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------|-------------------------------------|
| <b>OFFICE/DIVISION:</b>                                                                                                                          | Rizal Provincial Hospital System- Antipolo Annex II MEDICAL RECORDS SECTION                                                                                                        |                                                                                       |                        |                                     |
| <b>CLASSIFICATION:</b>                                                                                                                           | Simple                                                                                                                                                                             |                                                                                       |                        |                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                     | G2C- Government to Citizen                                                                                                                                                         |                                                                                       |                        |                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                            | Patients with accident-related cases requesting for Medicolegal services                                                                                                           |                                                                                       |                        |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                 |                                                                                                                                                                                    | <b>WHERE TO SECURE</b>                                                                |                        |                                     |
| 1. Proof of identification in case of death, proof of identification of relative or companion                                                    |                                                                                                                                                                                    | - BIR, Post Office, DFA, PSA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, OR PSA (Phil ID/PSN) |                        |                                     |
| <b>CLIENT STEPS</b>                                                                                                                              | <b>AGENCY ACTION</b>                                                                                                                                                               | <b>FEES TO BE PAID</b>                                                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1. Proceed to triage area for screening and assessment.<br><br>1.1 Fill-out Patient Data Form<br><br>1.2 Submit the filled-out Patient Data form | 1. Screen and assess the patient<br><br>1.1 Give Patient Data Form<br><br>1.2 Receive Patient Data Form, encode the personal data form information, and print the ER Clinical Form | None                                                                                  | 1 minute               | Nurse                               |
| 2. Submit to physical examination<br><br>2.1 Receive treatment, if necessary                                                                     | 2. Conduct history and physical examination<br><br>2.1 Give treatment (if necessary)<br><br>In case of DOA, Interview companion                                                    | None                                                                                  | 5 minutes              | Medical Officer/ Medical Specialist |
| 3. Receive Charge Slip                                                                                                                           | 3. Nurse will give the charge slip<br><br>Advise the client to proceed to the Billing Section                                                                                      | None                                                                                  | 1 minute               | Nurse                               |

|                                                                                            |                                                                                                     |      |           |                 |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------|-----------|-----------------|
| 4. Give the charge slip to the Billing Section<br><br>4.1 Receive the Statement of Account | 4. Receive charge slip and prepare a Statement of Account<br><br>4.1 Issue the Statement of Account | None | 2 minutes | Billing Officer |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------|-----------|-----------------|

|                                                                                                             |                                                                                                                                                       |                                     |                   |                       |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|-----------------------|
| 5. Proceed to the Cashier, submit the SOA and pay the corresponding fee<br><br>5.1 Receive Official Receipt | 5. Receive the SOA and payment.<br><br>5.1 Issue the Official Receipt                                                                                 | Pay the prescribed schedule of fees | 1 minute          | Cashier               |
| 6. Give the Official Receipt to the Nurse<br><br>6.1 Receive discharge instructions                         | 6. Receive the Official receipt<br><br>6.1 Give discharge instructions                                                                                | None                                | 1 minute          | Nurse                 |
| 7. Receive Medical Certificate                                                                              | 7. Prepare the Medical Certificate<br><br>Let the attending Physician review and sign the medical certificate.<br><br>Release the medical certificate | None                                | 2 minutes         | Medical Records Staff |
|                                                                                                             | <b>TOTAL</b>                                                                                                                                          | <b>None</b>                         | <b>15 minutes</b> |                       |

## 14.RESPONSE TO CITIZEN'S COMPLAINT

The Hospital places a high value on delivering excellent service that is responsive to individual needs. This policy provides a mechanism for initiation, review and, when possible, prompt resolution of patient complaints concerning the quality of care or service received.

**The Hospital uses the DOH Hospital Client Experience Survey (HCES).**

|                                                             |                                                                                                           |                        |                                                                 |                                                                                |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>OFFICE/DIVISION:</b>                                     | Rizal Provincial Hospital System- Antipolo Annex II ADMINISTRATIVE OFFICE                                 |                        |                                                                 |                                                                                |
| <b>CLASSIFICATION:</b>                                      | Simple                                                                                                    |                        |                                                                 |                                                                                |
| <b>TYPES OF TRANSACTION:</b>                                | G2C- Government to Citizen                                                                                |                        |                                                                 |                                                                                |
| <b>WHO MAY AVAIL:</b>                                       | Patients with complaints concerning the quality of care or services received within the hospital premises |                        |                                                                 |                                                                                |
| <b>CLIENT STEPS</b>                                         | <b>AGENCY ACTION</b>                                                                                      | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>                                          | <b>PERSON RESPONSIBLE</b>                                                      |
| 1. Write a complaint or verbalize complaint to Admin Office | 1. Invitation to speak with Chief Nurse/ Administrative Officer/ Chief of Clinics/ Chief of Hospital      | None                   | Depending on time needed to address the patients concern        | Chief Nurse<br>Administrative Officer<br>Chief of Clinics<br>Chief of Hospital |
|                                                             | <b>Total</b>                                                                                              | <b>None</b>            | <b>Depending on time needed to address the patients concern</b> |                                                                                |



# **Antipolo City Hospital System (ACHS) – Cabading External Services**



## 1. ADMISSION OF PATIENTS

ER and OPD patients of ACHS - Cabading may be admitted in the hospital if the evaluation of their medical conditions so warrants and the same is recommended by the attending doctor.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                      | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING                                                                   |                                                                                                                |                 |                      |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| <b>CLASSIFICATION:</b>                                                                                                            | Simple                                                                                                     |                                                                                                                |                 |                      |
| <b>TYPES OF TRANSACTION:</b>                                                                                                      | G2C – Government to Citizen                                                                                |                                                                                                                |                 |                      |
| <b>WHO MAY AVAIL:</b>                                                                                                             | OPD and ER patients                                                                                        |                                                                                                                |                 |                      |
| CHECKLIST OF REQUIREMENTS                                                                                                         |                                                                                                            | WHERE TO SECURE                                                                                                |                 |                      |
| 1. Admission Slip<br>2. Any government-issued ID card of the patient and or his/her guardian/companion, if any – 1 photocopy each |                                                                                                            | - ER Doctor and Nurse on duty<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, PAG-IBIG, COMELEC, PSA (Phil ID/PSN) |                 |                      |
| CLIENT STEPS                                                                                                                      | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                                                                | PROCESSING TIME | PERSON RESPONSIBLE   |
| 1. Secure an Admission Slip.                                                                                                      | 1. Issue an Admission Slip and forward to the Admitting Clerk on duty.                                     | None                                                                                                           | 2 minutes       | Doctor/Nurse on Duty |
| 1.1 Submit to pre-admission interview and Integrated Hospital Operation Management Information System (iHOMIS) encoding.          | 1.1 Interview the patient/ guardian to get pertinent information about the patient and encoding in iHOMIS. | None                                                                                                           | 5 minutes       | Admitting Clerk      |
| 1.2 Secure, fill out and submit the consent/ waiver form once accomplished.                                                       | 1.2 Issue consent/ waiver form.                                                                            | None                                                                                                           | 5 minutes       | Admitting Clerk      |
| 1.3 Submit to briefing about the patient's rights and hospital policies.                                                          | 1.3 Conduct briefing about the patient's rights and hospital policies.                                     | None                                                                                                           | 3 minutes       | Admitting Clerk      |
| 2. None                                                                                                                           | 2. Encoding of all needed supplies and ordered medications, and diagnostic tests in Ihomis                 | None                                                                                                           | 5-10 minutes    | Nurse on Duty        |

|                                                                                 |                                                                                                                                  |             |                      |                         |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|-------------------------|
| 3. Submit to requested diagnostic exam and accept medications ordered by doctor | 3. Carrying out doctor's admitting order, facilitating diagnostic tests, and giving medications                                  | None        | 5-10 minutes         | Nurse on Duty           |
| 4. Submit to interview for POS/ PhilHealth purposes                             | 4. Interview the client to assess the patient's social classification/ status                                                    | None        | 5 minutes            | Mayor's Help Desk Clerk |
| 4.1 None                                                                        | 4.1 Register the patient in the Admission Log Book, prepare the Patient's Chart and request assistance from institutional worker | None        | 5 minutes            | Admitting Clerk         |
| 5. Assisted by an institutional worker, proceed to the assigned Ward.           | 5. Take the patient by wheel chair or stretcher bed to the assigned ward.                                                        | None        | 5 minutes            | Institutional Worker    |
|                                                                                 | <b>TOTAL:</b>                                                                                                                    | <b>None</b> | <b>40-50 minutes</b> |                         |



## 2. DENTAL CHECK-UP AND TOOTH EXTRACTION SERVICES

The ACHS Cabading provides dental care/check-up, consultative advice and tooth extraction services including comprehensive dental treatment procedure, catering to Antipolo residents to ensure their proper and adequate oral health care.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                         | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>OUT-PATIENT DEPARTMENT – DENTAL SECTION                                                                                 |                        |                                                                                                    |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                               | Simple                                                                                                                                                              |                        |                                                                                                    |                                   |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                     | G2C – Government to Citizen                                                                                                                                         |                        |                                                                                                    |                                   |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                | Residents of Antipolo City and neighboring towns of Antipolo City                                                                                                   |                        |                                                                                                    |                                   |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                            |                                                                                                                                                                     | WHERE TO SECURE        |                                                                                                    |                                   |
| 1. OPD Dental Record for clients with previous record                                                                                                                                |                                                                                                                                                                     | - OPD – Dental Section |                                                                                                    |                                   |
| CLIENT STEPS                                                                                                                                                                         | AGENCY ACTION                                                                                                                                                       | FEES TO BE PAID        | PROCESSING TIME                                                                                    | PERSON RESPONSIBLE                |
| 1. Proceed to the Triage Area for interview and issuance of queue number and Patient Record Form for new patients, encoding of data on IHOMIS, and retrieval of PRF of old patients. | 1. Interview the patient, issue dental queue number and Patient Record Form for new patients, encode patient's data on IHOMIS, and retrieval of PRF of old patients | None                   | 5 minutes for new patient/15 minutes for patients with old record (max. for patients with lost ID) | OPD Frontliner/ Records personnel |
| 1.1 Queue at the OPD Waiting Area for vital signs checking.                                                                                                                          | 1.1 Advise the client to proceed to the OPD Waiting Area.                                                                                                           | None                   | 2 minutes                                                                                          | Records personnel                 |
| 1.2 Submit to vital signs checking and assessment.                                                                                                                                   | 1.2 Check the vital signs of the client and conduct an assessment based on his/her chief complaint.                                                                 | None                   | 5 minutes                                                                                          | OPD Nurse                         |
| 2. Once called, proceed to the Dental Room for an interview, filling out a waiver and a tooth examination.                                                                           | 2. Interview the client and perform a tooth examination.                                                                                                            | None                   | 5 minutes                                                                                          | Dentist on duty                   |
| 2.1 Anesthetic Application                                                                                                                                                           | 2.1 Skin Test - if first time to do extraction and use of anesthesia.                                                                                               | None                   | 30 minutes                                                                                         |                                   |
|                                                                                                                                                                                      | 2.1.2 Anesthetic application for tooth to be extracted                                                                                                              | None                   | 3 minutes                                                                                          |                                   |

|                                                                     |                                                                                        |             |                              |                 |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|------------------------------|-----------------|
| 2.2 Submit for tooth extraction                                     | 2.2 Perform tooth extraction.                                                          | None        | 20 minutes                   |                 |
| 3. Receive dental care post-operative instruction and prescription. | 3. Give post-operative instructions and prescription.                                  | None        | 5 minutes                    | Dentist on duty |
| 4. None                                                             | 4. Encoding of all supplies, medications, and diagnostics test ordered in iHOMIS used. | None        | 3 minutes                    | Nurse on duty   |
|                                                                     | <b>TOTAL:</b>                                                                          | <b>None</b> | <b>1 hour and 18 minutes</b> |                 |

### 3. DISCHARGE OF INPATIENT

Discharge of a patient is allowed after appropriate and optimal medical service has been rendered and the patient is deemed safe and ready for discharge.

| <b>OFFICE/<br/>DIVISION:</b>      | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING                                                                                                                        |                 |                 |                              |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------------------|
| <b>CLASSIFICATION:</b>            | Simple                                                                                                                                                          |                 |                 |                              |
| <b>TYPES OF TRANSACTION:</b>      | G2C – Government to Citizen                                                                                                                                     |                 |                 |                              |
| <b>WHO MAY AVAIL:</b>             | Inpatients of ACHS-Cabading                                                                                                                                     |                 |                 |                              |
| CHECKLIST OF REQUIREMENTS         |                                                                                                                                                                 | WHERE TO SECURE |                 |                              |
| 1. Discharge Slip – Original copy |                                                                                                                                                                 | - Nurse Station |                 |                              |
| CLIENT STEPS                      | AGENCY ACTION                                                                                                                                                   | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE           |
| 1. None                           | 1. Informs the patient or relative/guardian of discharge order from the doctor                                                                                  | None            | 3 minutes       | Nurse on duty                |
| 1.1. None                         | 1.1 Forward the patient's chart to Senior House Officer on-duty for completion of Discharge Summary and Medical Abstract                                        | None            | 5 minutes       | Nurse on duty                |
| 1.2 None                          | 1.2 Completion of Discharge Summary and Medical Abstract and forward the patient's chart to the Billing Section for the issuance of Statement of Account (SOA). | None            | 10 minutes      | Senior House Officer on Duty |
| 2. None                           | 2. Encoding of other charges, review the completeness of data needed in the iHOMIS, and issue the SOA to the patient/patient's watcher (relative/and guardian). | None            | 5-10 minutes    | Billing Clerk                |

|                                                                                                                     |                                                                                                                                                                                                            |                                                                                      |           |                                                           |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
|                                                                                                                     | 2.1 Forwarding of SOA to Philhealth section/Mayor's Help Desk to assess the requirements submitted                                                                                                         | None                                                                                 | 8 minutes | Billing Clerk                                             |
| 3. None                                                                                                             | 3. Assess and Process the submitted requirements and give further instructions if with incomplete requirements or sign the Discharge Slip for No Balance Billing (NBB) case or with complete requirements. | None                                                                                 | 2 minutes | Clerk for processing Philhealth / Mayor's Help Desk Clerk |
| 4. For non-zero bill, pay the bill at the cashier by showing the SOA and the Discharge Slip for clearance           | 4. Accept the payment based on the SOA and encode in the iHOMIS                                                                                                                                            | Refer to Schedule of Fees prescribed under City Ordinance No. 2024-1111, as amended. | 5 minutes | Cashier/<br>Billing Clerk                                 |
| 4.1 Secure Official Receipt from cashier and the signed Discharge Slip from billing section                         | 4.1 Issue the Official Receipt and sign the Discharge Slip.                                                                                                                                                | None                                                                                 | 3 minutes | Cashier/<br>Billing Clerk                                 |
| 4.2 If NBB case or with zero bill, proceed directly to billing and Philhealth section to secure discharge slip      | 4.2 Sign and issue the Discharge slip                                                                                                                                                                      |                                                                                      | 2 minutes | Billing Clerk/<br>Philhealth Clerk                        |
| 5. Proceed to the Nurse Station, show the Official Receipt, and submit the Discharge Slip for clearance from Nurse. | 5. Check the Official Receipt, and sign the Discharge Slip                                                                                                                                                 | None                                                                                 | 2 minutes | Nurse on duty                                             |
| 5.1 Receive instructions on medication and follow-up check-up.                                                      | 5.1 Give instructions for patient to follow as to home medication, diet, health tips, and schedule of follow-up check-up.                                                                                  | None                                                                                 | 5 minutes | Nurse on duty                                             |
| 5.2 Cooperate with the Nurse on duty while preparing for discharge.                                                 | 5.2 Prepare the patient for discharge.                                                                                                                                                                     | None                                                                                 | 3 minutes | Nurse on duty                                             |

|                                                                                                          |                                                                                                         |                                                                                      |                             |                        |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------|------------------------|
| 6. Upon departure, submit the Discharge Slip to the OPSS personnel assigned at the hospital exit.        | 6. Check the discharge slip if with clearance from:<br>PhilHealth / Billing<br>Section<br>Nurse Station | None                                                                                 | 1 minute                    | OPSS personnel on duty |
| 6.1 Submit for checking of belongings and secure the Discharge Slip after signing by the OPSS personnel. | 6.1 Check patient's belongings and if cleared sign the Discharge Slip and release the patient/guardian. | None                                                                                 | 2 minutes                   | OPSS personnel on duty |
| <b>TOTAL:</b>                                                                                            |                                                                                                         | Refer to Schedule of Fees prescribed under City Ordinance No. 2024-1111, as amended. | <b>55 minutes to 1 hour</b> |                        |

#### 4. MEDICAL CONSULTATION – EMERGENCY ROOM (ER) DEPARTMENT

ACHS-CABADING Emergency Room / Department caters to the general public in need of urgent care and medical attention. They are being attended by doctors and nurses skilled in the management and evaluation of patients' condition whether for admission, for transfer to a secondary or tertiary facility, or for discharge after receiving initial treatment.

|                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                                                                                                  |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                 | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>EMERGENCY ROOM / DEPARTMENT |                                                                                                                                                                  |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                       | Simple                                                                  |                                                                                                                                                                  |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen                                             |                                                                                                                                                                  |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                        | All                                                                     |                                                                                                                                                                  |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                             |                                                                         | <b>WHERE TO SECURE</b>                                                                                                                                           |                        |                           |
| <i>For existing client:</i><br>1. OPD Card<br><i>For new client:</i><br>1. Patient's Record Form<br><i>If indigent, senior citizen, PWD, or 4P's beneficiary:</i><br>2. Barangay Certificate of Indigency<br>3. Senior Citizen / PWD / 4P's ID card<br>4. Medical Certificate<br>5. Classification Slip<br>6. Clearance Slip |                                                                         | - Emergency Room Department<br><br>- Emergency Room Department<br><br>- Barangay Hall<br>- OSCA / CSWDO<br>- ACHS-Cabading<br>- ACHS-Cabading<br>- ACHS-Cabading |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                          | <b>AGENCY ACTION</b>                                                    | <b>FEES TO BE PAID</b>                                                                                                                                           | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Proceed to the ER Triage Area for initial interview                                                                                                                                                                                                                                                                       | 1. Conduct initial interviews.                                          | None                                                                                                                                                             | 5 minutes              | Nurse                     |
| 1.1 Submit to initial check-up                                                                                                                                                                                                                                                                                               | 1.1 Get and record the patient's vital signs/data.                      | None                                                                                                                                                             | 3 minutes              | Nurse                     |
| 2. Proceed to the Emergency Room once instructed.                                                                                                                                                                                                                                                                            | 2. Perform physical examination and give initial assessment.            | None                                                                                                                                                             | 5 minutes              | ER Doctor                 |

|                                                                                                                |                                                                                                                                                                  |      |                                                                                            |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 2.1 None                                                                                                       | 2.1 Request for ancillary procedure and order initial treatment.                                                                                                 | None | 3 minutes                                                                                  | ER Doctor                                                                                             |
| 2.2 Accept Classification slip                                                                                 | 2.2 Issue a classification slip for Philhealth Out-Patient Emergency Benefit (OECB) Package                                                                      | None | 1 minute                                                                                   | ER Doctor                                                                                             |
| 3. Submit for registration to iHOMIS                                                                           |                                                                                                                                                                  |      |                                                                                            |                                                                                                       |
| 3.1 For patients qualified for Philhealth OECB package, proceed to Mayor's Help Desk then to Philhealth Window | 3.1 Verification of patients who are qualified for Philhealth OECB and endorsing to Philhealth Frontliner for submission of requirements and processing of claim | None | 15 Minutes                                                                                 | Mayor's Help Desk Clerk/<br>Philhealth Clerk                                                          |
| 4. Submit for registration to iHOMIS                                                                           | 4. Registration of patient in iHOMIS                                                                                                                             | None | 3 minutes                                                                                  | Medical Records Clerk                                                                                 |
| 4.1 None                                                                                                       | 4.1 Encoding of all needed supplies and order medications, and diagnostic tests in iHOMIS.                                                                       | None | 5-10 minutes                                                                               | Nurse on Duty                                                                                         |
| 5. Prepare to accept medications ordered by doctor                                                             | 5. . Rendering of ordered medications                                                                                                                            | None | 5-10 minutes                                                                               | Nurse on Duty                                                                                         |
| 6. Proceed to the Ancillary Department for blood extraction and/or radiologic procedures                       | 6. Usher the patient to the Ancillary Department.                                                                                                                | None | 2 minutes                                                                                  | Institutional worker                                                                                  |
| 6.1 Submit the accomplished Laboratory/ Radiologic Request Form                                                | 6 .1 Print the Laboratory/ Radiologic Request/ Charge slip from IHOMIS and log the request indicating the date and time of receipt                               | None | 2 minutes                                                                                  | Medical Technologist/<br>Radiologic Technologist                                                      |
| 6.2 Receive instructions on proper specimen collection, fasting procedures, or proper positioning, if any.     | 6.2 Give instructions on proper specimen collection, fasting procedures, or proper positioning, if any.                                                          | None | 3 minutes                                                                                  | Medical Technologist/<br>Radiologic Technologist                                                      |
| 6.3 Submit to blood extraction and radiologic procedures.                                                      | 6.3 Perform blood extraction and radiologic procedures such as ECG, x-ray, UTZ.                                                                                  | None | Blood extraction – 2 minutes<br>ECG – 10 minutes<br>X-ray – 10 minutes<br>UTZ – 15 minutes | Medical Technologist<br>Radiologic Technologist<br>Radiologic Technologist<br>Radiologic Technologist |

|                                                                                                                                                                      |                                                                                                                                                                 |                                          |            |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|--------------------------------------------------|
| 7. Secure Charge Slip                                                                                                                                                | 7. Issue the Charge Slip                                                                                                                                        | None                                     | 1 minute   | Medical Technologist/<br>Radiologic Technologist |
| * In case of indigent patients, senior citizens, PWD, or 4P's beneficiary, proceed to the Mayor's Help Desk Section for interview and classification.                | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status.                                    | None                                     | 10 minutes | Mayor's Help Desk Clerk                          |
| 8. Pay the required fees to the cashier by showing the Charge Slip.                                                                                                  | 8. Accept the payment based on the Charge Slip.                                                                                                                 | Refer to Schedule of Fees on pages 8-10. | 1 minute   | Cashier                                          |
| <i>Note: May be undertaken by patient's relative/ guardian</i>                                                                                                       |                                                                                                                                                                 |                                          |            |                                                  |
| 8.1 Secure Official Receipt.                                                                                                                                         | 8.1 Issue the Official Receipt.                                                                                                                                 | None                                     | 2 minutes  | Cashier                                          |
| 9. Return to the Ancillary Department, show the Official Receipt, and submit the Laboratory/ Radiologic Request Form.                                                | 9. Check the Official Receipt, record the OR number, and receive the Laboratory/ Radiologic Request Form.                                                       | None                                     | 2 minutes  | Medical Technologist/<br>Radiologic Technologist |
| 10. None                                                                                                                                                             | 10. Release the Laboratory test result to the Emergency Room/ upload Xray film and/ECG strip                                                                    | None                                     | 1 minute   | Medical Technologist/<br>Radiologic Technologist |
| <i>Releasing time:</i>                                                                                                                                               |                                                                                                                                                                 |                                          |            |                                                  |
| <ul style="list-style-type: none"> <li>Routine and Non-Fasting Blood Chemistry – 1 to 2 hours after extraction.</li> <li>Fasting Blood Chemistry – 5:00PM</li> </ul> |                                                                                                                                                                 |                                          |            |                                                  |
| 10.1 None                                                                                                                                                            | 10.1 Request the Nurse on duty to sign in the Registry/ Claim Log Book and issue the Laboratory Test Result.                                                    | None                                     | 2 minutes  | Medical Technologist<br>on duty/<br>Staff Nurse  |
| 10.2 None                                                                                                                                                            | 10.2 Relay laboratory result to ER doctor                                                                                                                       | None                                     | 2 minutes  | Staff Nurse/ ER Doctor                           |
| 11. Wait for the doctor's disposition                                                                                                                                | 11. Review laboratory results/ uploaded X-ray film/ECG strip and determine whether the patient is for discharge, admission, or transfer to another institution. | None                                     | 5 minutes  | ER Doctor                                        |
| 11.1 If for discharge, receive instructions from the ER Doctor on medications and follow-up check-up                                                                 | 11.1 Explain results of ancillary procedures and give instructions on medications, and follow-up check-up at the OPD.                                           | None                                     | 10 minutes | ER Doctor                                        |

|                                                                             |                                                                                            |                                                |                                                         |           |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|-----------|
| 11.2 If for admission, secure Admission Slip from the ER Doctor.            | 11.2 Issue the Admission Slip to be given to the Admitting Clerk.                          | None                                           | 2 minutes                                               | ER Doctor |
| 11.3 If for transfer to other hospital, secure referral from the ER Doctor. | 11.3 Fill out the referral Form and facilitate proper coordination with referral hospital. | None                                           | 10 minutes                                              | ER Doctor |
| TOTAL (Blood Extraction):                                                   |                                                                                            | Refer to<br>Schedule<br>of Fees on<br>pages 10 | 1 hour and<br>12 minutes to<br>1 hour and<br>17 minutes |           |
| TOTAL (ECG / x-ray):                                                        |                                                                                            |                                                | 1 hour and<br>21 minutes to<br>1 hour and<br>21minutes  |           |
| TOTAL (UTZ):                                                                |                                                                                            |                                                | 1 hour and<br>31 minutes to<br>1 hour and<br>36 minutes |           |

## SCHEDULE OF FEES AND CHARGES

| <b>HEMATOLOGY</b>                            |            | <b>CLINICAL CHEMISTRY</b>                   |             |
|----------------------------------------------|------------|---------------------------------------------|-------------|
| CBC with Platelet Count                      | PHP 200.00 | Hemoglobin A1c (HbA1c)                      | PHP 500.00  |
| Clotting Time and Bleeding Time(CT/BT)       | PHP 150.00 | FBS/RBS                                     | PHP 120.00  |
| Peripheral Blood Smear (PBS)                 | PHP 200.00 | Oral Glucose Tolerance Test (OGTT)          | PHP 400.00  |
| Prothrombin Time (PT)                        | PHP 400.00 | Blood Uric Acid (BUA)                       | PHP 100.00  |
| Activated Partial Thromboplastin Time (aPTT) | PHP 400.00 | Blood Urea Nitrogen (BUN)                   | PHP 100.00  |
| PT with INR and aPTT                         | PHP 700.00 | Creatinine                                  | PHP 100.00  |
| <b>CLINICAL MICROSCOPY</b>                   |            | Cholesterol                                 | PHP 100.00  |
| Urinalysis                                   | PHP 60.00  | Triglyceride                                | PHP 100.00  |
| Fecalalysis                                  | PHP 60.00  | AST/SGOT                                    | PHP 150.00  |
| Fecal Occult Blood Test (FOBT)               | PHP 200.00 | ALT/SGPT                                    | PHP 150.00  |
| Pregnancy Test                               | PHP 100.00 | LIPID PROFILE (Chole, TAG, HDL, LDL & VLDL) | PHP 500.00  |
| Wet Mount                                    | PHP 150.00 | Expanded Newborn Screening                  | PHP 1800.00 |
| <b>BLOOD STATION</b>                         |            | <b>ELECTROLYTES</b>                         |             |
| Blood Typing with Rh (Tube method)           | PHP 200.00 | Sodium (Na)                                 | PHP 190.00  |
| Blood Typing with Rh (Slide method)          | PHP 100.00 | Potassium (K)                               | PHP 190.00  |
| Crossmatching (Tube method)                  | PHP 200.00 | Chloride (Cl)                               | PHP 190.00  |

|                                 |            |                          |            |
|---------------------------------|------------|--------------------------|------------|
|                                 |            |                          |            |
| <b>SEROLOGY</b>                 |            | Calcium, Ionized (I. Ca) | PHP 380.00 |
| HBsAg Screening (Rapid)         | PHP 200.00 | Na, K, Cl                | PHP 500.00 |
| Dengue NS 1                     | PHP 800.00 | Na, K, Cl, Ca (Ionized)  | PHP 600.00 |
| Dengue IgM IgG                  | PHP 600.00 | <b>MICROBIOLOGY</b>      |            |
| Syphilis Screening Test (Rapid) | PHP 200.00 | KOH                      | PHP 150.00 |
| Covid-19 Rapid Antigen Test     | PHP 500.00 | Gram Stain               | PHP 100.00 |
| HIV Screening Test (Rapid)      | PHP 300.00 | Pap Smear                | PHP 150.00 |

### SCHEDULE OF RADIOLOGY EXAMINATION FEES

|                                    |            |
|------------------------------------|------------|
| ECG 12 LEAD                        | PHP 300.00 |
| ECG 15 LEAD                        | PHP 450.00 |
| CHEST PA, AP/LAT OR PA/LAT (ADULT) | PHP 350.00 |
| CHEST AP/LAT (PEDIA)               | PHP 450.00 |
| APICOLORDOTIC VIEW                 | PHP 200.00 |
| SPOT VIEW                          | PHP 400.00 |
| HAND PA/OBL.                       | PHP 450.00 |
| BOTH HANDS PA/OBL                  | PHP 800.00 |
| WRIST PA/LAT                       | PHP 350.00 |
| BOTH WRIST PA/LAT                  | PHP 600.00 |
| FOREARM AP/LAT.                    | PHP 400.00 |
| BOTH FOREARM AP/LAT                | PHP 700.00 |
| ELBOW AP/LAT                       | PHP 400.00 |
| BOTH ELBOW                         | PHP 700.00 |
| SHOULDER AP                        | PHP 400.00 |
| BOTH SHOULDER AP                   | PHP 700.00 |
| ARM/HUMERUS/AP/LAT                 | PHP 400.00 |
| BOTH ARM/HUMERUS/AP/LAT            | PHP 700.00 |
| CLAVICLE AP                        | PHP 300.00 |
| BOTH CLAVICLE AP                   | PHP 500.00 |
| SCAPULA AP/LAT                     | PHP 350.00 |
| FOOT AP/OBL.                       | PHP 450.00 |
| BOTH FOOT AP/OBL                   | PHP 800.00 |
| CALCANEUS AXIAL/LAT/BOTH           | PHP 350.00 |



|                                              |            |
|----------------------------------------------|------------|
| ANKLE AP/LAT/BOTH                            | PHP 700.00 |
| LEG AP/LAT                                   | PHP 450.00 |
| BOTH LEG AP/LAT                              | PHP 800.00 |
| KNEE AP/LAT                                  | PHP 400.00 |
| BOTH KNEE AP/LAT                             | PHP 800.00 |
| THIGH/FEMUR                                  | PHP 450.00 |
| BOTH THIGH/FEMUR                             | PHP 800.00 |
| PELVIS/ HIPS AP                              | PHP 350.00 |
| BOTH PELVIS/ HIPS AP                         | PHP 700.00 |
| CERVICAL SPINE AP/LAT                        | PHP 400.00 |
| NECK (SOFT TISSUE LATERAL)                   | PHP 400.00 |
| MASTOID                                      | PHP 300.00 |
| THORACIC SPINE AP/LAT                        | PHP 500.00 |
| THORACOLUMBAR SPINE AP/LAT (TLS)             | PHP 650.00 |
| LUMBOSACRAL SPINE AP/LAT                     | PHP 500.00 |
| COCCYX/SACRUM                                | PHP 300.00 |
| THORACIC CAGE/RIB CAGE AP/OBL.               | PHP 500.00 |
| SKULL AP/LAT.                                | PHP 600.00 |
| PARANASAL SINUSES (CADWELL'S, WATER'S/LAT.)  | PHP 600.00 |
| NASAL BONE (BOTH LAT.WATERS)                 | PHP 700.00 |
| NOSE (SOFT TISSUE LATERAL)                   | PHP 400.00 |
| WATERS VIEW                                  | PHP 400.00 |
| ZYGOMATIC BONE (SMV)                         | PHP 400.00 |
| MANDIBLE (AP/BOTH LAT.)                      | PHP 400.00 |
| TEMPOROMANDIBULAR JT. (MOD. OWNE'S/SCHULLER) | PHP 800.00 |
| OPTIC FORAMINA (RHESE)                       | PHP 350.00 |
| SKULL SERIES (AP/CALDWELL'S/WATER'S/LAT)     | PHP 600.00 |
| ADDITIONAL VIEW                              | PHP 150.00 |
| BABYGRAM                                     | PHP 300.00 |
| PLAIN ABDOMEM KUB, SCOUT FILM ABDOMEN        | PHP 500.00 |
| ABDOMEN UPRIGHT/ SUPINE                      | PHP 500.00 |
| MORTISE VIEW                                 | PHP 600.00 |
| SERENDIPITY VIEW                             | PHP 600.00 |
| SUNRISE                                      | PHP 600.00 |

## 5. MEDICAL CONSULTATION – OUTPATIENT DEPARTMENT/OPD

The Antipolo City Hospital System-Cabading (ACHS-Cabading) Out-Patient Department (OPD) diagnoses, treats, admits and gives appropriate medical services to individuals who need medical assistance. The ACHS-CABADING assigns medical officers and medical specialists to render medical services to clients.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                 | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>OUT-PATIENT DEPARTMENT                                                                                                                                                                                                 |                             |                                                                                    |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------|-----------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                       | Simple                                                                                                                                                                                                                                                             |                             |                                                                                    |                                         |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                 | G2C – Government to Citizen                                                                                                                                                                                                                                        |                             |                                                                                    |                                         |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                        | Residents of Antipolo City                                                                                                                                                                                                                                         |                             |                                                                                    |                                         |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                    | WHERE TO SECURE             |                                                                                    |                                         |
| <i>For new client</i><br>1. Patient Record Form – to be accomplished by the client                                                                                                                                                                           |                                                                                                                                                                                                                                                                    | - ACHS Cabading Triage Area |                                                                                    |                                         |
| CLIENT STEPS                                                                                                                                                                                                                                                 | AGENCY ACTION                                                                                                                                                                                                                                                      | FEES<br>TO BE<br>PAID       | PROCESSING<br>TIME                                                                 | PERSON<br>RESPONSIBLE                   |
| 1. Secure the following from the Triage Area:<br><br>a. <i>New patient</i> – Patient Record Form (PRF) and OPD number.<br><br>b. <i>Existing patient</i> – OPD number only.<br><br>1.1 Fill out the PRF and submit the same once accomplished (new patient). | 1. Issue the following:<br><br>a. <i>New patient</i> – PRF and OPD number.<br><br>b. <i>Existing patient</i> – OPD number only.<br><br>1.1 Receive the PRF (new patient), encode data on IHOMIS, and/or retrieve previous record from the file (existing patient). | None                        | 1 minute                                                                           | OPD Frontliner                          |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    | None                        | 5 minutes (for new patients)/<br>max.15 minutes<br>(for old patients with lost ID) | OPD Frontliner/<br>Records<br>Personnel |
| 1.2 Proceed to the OPD Waiting Area for queuing.                                                                                                                                                                                                             | 1.2 Forward the PRF/<br>Patient's Chart to the<br>OPD Nurse station.                                                                                                                                                                                               | None                        | 2 minutes                                                                          | OPD Frontliner/<br>Records<br>Personnel |
| 2. Once called, submit to initial check-up.                                                                                                                                                                                                                  | 2. Get the vital signs and chief complaint of the client.                                                                                                                                                                                                          | None                        | 3 minutes                                                                          | OPD Nurse                               |
| 2.1 Transfer to the Medical Consultation Area of the                                                                                                                                                                                                         | 2.1 Forward the PRF/Patient's Chart to the Medical Officer/                                                                                                                                                                                                        | None                        | 2 minutes                                                                          | OPD Nurse                               |

|                                                                                                                                              |                                                                                                                       |             |                        |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|------------------------|------------------------------------------------|
| Department concerned for queuing.                                                                                                            | Medical Specialist on duty.                                                                                           |             |                        |                                                |
| 3. Once called, proceed to the room of the assigned Medical Specialist/ Medical Officer for Physical Examination, Evaluation and Management. | 3. Get (review) the history, conduct physical examination of the client, and give diagnoses / diagnostic procedure/s. | None        | 10 minutes             | Medical Specialist/<br>Medical Officer on duty |
| 3.1 Receive prescription and schedule of follow-up check-up.                                                                                 | 3.1 Issue a prescription and give the schedule of the follow-up check-up.                                             | None        | 2 minutes              | Medical Specialist/<br>Medical Officer on duty |
| 4. None                                                                                                                                      | 4. Retrieve PRF from Medical Specialist/Medical Officer on duty and encode diagnostic work-ups on IHOMIS              | None        | 3 minutes              | OPD Nurse/<br>Nursing Attendant                |
|                                                                                                                                              | <b>TOTAL:</b>                                                                                                         | <b>None</b> | <b>Max. 38 minutes</b> |                                                |



# **Antipolo City Hospital System –Cabading Laboratory and Radiology Services External Services**



## 1. LABORATORY SERVICES

ACHS–Cabading Laboratory Services aims to help physicians in diagnosis of certain diseases through laboratory test/examination by offering the basic menu of routine laboratory tests and services to ensure effective care of the patients through prompt integration of test reports.

| Examination/Test                                                         | Fasting Guidelines                                                                                              | Blood Collection Schedule for Fasting Blood Test/s |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Fasting Blood Sugar (FBS)                                                | <i>Out-Patients:</i><br>12:00 am – 6:00 am<br><br><i>In-Patients:</i><br>11:00 pm – 5:00 am<br><br>(6-8 hours)  | 6:00 am – 8:00 am<br><br><br>5:00 am – 6:00 am     |
| Lipid profile (Cholesterol, Triglycerides, HDL, LDL) with or without FBS | <i>Out-Patients:</i><br>10:00 pm – 8:00 am<br><br><i>In-Patients:</i><br>7:00 pm – 5:00 am<br><br>(10-12 hours) | 8:00 am – 10:00 am<br><br><br>5:00 am – 6:00 am    |

|                                                                                                                                                                                                                                                    |                                                                |                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                           | ANTIPOLO CITY HOSPITAL SYSTEM - CABADING Laboratory Department |                                                                                                                        |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                             | Simple                                                         |                                                                                                                        |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                       | G2C – Government to Citizen                                    |                                                                                                                        |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                              | Outpatients, ER patients, and Inpatients                       |                                                                                                                        |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                   |                                                                | <b>WHERE TO SECURE</b>                                                                                                 |
| 1. Laboratory Request Form – to be accomplished by the client<br><br><i>If indigent, senior citizen, PWD, or 4P's beneficiary:</i><br><br>2. Barangay Certificate of Indigency<br>3. Senior Citizen / PWD / 4P's ID card<br>4. Medical Certificate |                                                                | - Doctors and Nurses on duty at the Laboratory Section<br><br><br>- Barangay Hall<br>- OSCA / CSWDO<br>- ACHS-Cabading |

### **For ER Patients**

| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                          | <b>AGENCY ACTION</b>                                                                                                                                                                                      | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------|
| 1. Proceed to the Laboratory Reception Area                                                                                                                                                                                                                                                                                                                                  | 1. Print the Laboratory Request/Charge slip from IHOMIS and log the request indicating the date and time of receipt                                                                                       | None                   | 2 minute               | Medical Technologist      |
| 1.1 Receive instructions on proper specimen collection and fasting procedures, if any.                                                                                                                                                                                                                                                                                       | 1.1 Give instructions to the client on proper specimen collection and fasting preparations, if any.                                                                                                       | None                   | 3 minutes              | Medical Technologist      |
| 2. <i>For ambulatory patients:</i> Submit properly labeled urine and/or stool sample at the Laboratory Reception Area.<br><br><i>For non-ambulatory patients with IV line:</i> Properly labeled urine and/or stool sample together with the Laboratory Request Form may be submitted by the patient's relative/guardian/nursing attendant at the laboratory extraction area. | 2. Perform blood extraction following proper patient identification and receive urine and/or stool sample.<br><br>For non-ambulatory patients with IV line, perform blood extraction at specified ER bed. | None<br><br>None       | 5 minutes              | Medical Technologist      |

|                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |                                                      |                            |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------|-----------------------------------------------------|
| 3. Secure Charge Slip.<br><br><i>Note: May be undertaken by patient's relative/ guardian or nursing attendant / nurse on duty.</i><br><br>* In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to Mayor's Help Desk Section for interview and classification. | 3. Issue the Charge Slip.<br><br>Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status . | None<br><br>None                                     | 1 minute<br><br>10 minutes | Medical Technologist<br><br>Mayor's Help Desk Clerk |
| 4. Pay the required fees to the cashier by showing the Charge Slip.                                                                                                                                                                                                                       | 4. Accept the payment based on the Charge Slip.                                                                                                                | Refer to Schedule of Fees on pages 19 (Refer to City | 3 minutes                  | Cashier                                             |

|                                                                                                                                                              |                                                                                                                                                                                |                                  |                           |                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------|-------------------------------------------------|
| <i>Note: May be undertaken by patient's relative/ guardian</i><br><br>4.1 Secure Official Receipt.                                                           | 4.1 Issue the Official Receipt.                                                                                                                                                | Ordinance 2024-1111)<br><br>None |                           |                                                 |
| 5. Return to the Laboratory Section; show the Official Receipt.                                                                                              | 5. Check the Official Receipt; record the OR number.                                                                                                                           | None                             | 2 minutes                 | Medical Technologist                            |
| 6. None<br><br><i>Releasing time:</i><br>6.1 Routine and Non- Fasting Blood Chemistry – 1 to 2 hours after extraction.<br>• Fasting Blood Chemistry – 5:00PM | 6. Release the Laboratory Test Result to the Emergency Room<br><br>6.1 Request the Nurse on duty to sign in the Registry/ Claim Log Book and issue the Laboratory Test Result. | None<br><br>None                 | 1 minute<br><br>2 minutes | Medical Technologist on duty<br><br>Staff Nurse |

|  |               |                                                          |                   |  |
|--|---------------|----------------------------------------------------------|-------------------|--|
|  | <b>TOTAL:</b> | <b>Refer to<br/>Schedule<br/>of Fees on<br/>pages 19</b> | <b>29 minutes</b> |  |
|--|---------------|----------------------------------------------------------|-------------------|--|

### **For Inpatients**

| <b>CLIENT STEPS</b>                                                                                                                                                    | <b>AGENCY ACTION</b>                                                                                                              | <b>FEES TO<br/>BE PAID</b> | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|
| 1. None                                                                                                                                                                | 1. Print the Laboratory Request/Charge slip from IHOMIS and log the request indicating the date and time of receipt               | None                       | 2 minutes                  | Medical Technologist          |
| 1.1 Receive instructions on proper specimen collection and fasting preparations, if any.<br><br><i>Note: To be undertaken by the nursing attendant/ nurse on duty.</i> | 1.1 Give instructions to the client or nurse or nursing attendant on proper specimen collection and fasting preparations, if any. | None                       | 3 minutes                  | Medical Technologist          |
| 2. Wait at the ward for the medical technologist to do blood extraction.                                                                                               | 2. Proceed to the patient's ward and perform blood extraction following proper patient identification.                            | None                       | 5 minutes                  | Medical Technologist          |
| 3. Submit properly labeled urine and/or stool sample of the                                                                                                            | 3. Receive and log urine and/or stool sample                                                                                      | None                       | 2 minutes                  | Medical Technologist          |



|                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                                                                 |                                  |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|
| <p>patient together with the Laboratory Request Form to the Laboratory Reception Desk.</p> <p><i>Note: May be undertaken by the patient's relative/ guardian, or nursing attendant / nurse on duty.</i></p> <p>4. None</p> | <p>indicating the date and time of receipt.</p> <p>4. Release the Laboratory Test Result to the ward</p> <p>4.1 Request the Nurse on duty to sign in the Registry/ Claim Log Book and issue the Laboratory Test Result.</p> | <p>Refer to Schedule of Fees on page 19 (Refer to City Ordinance 2024-1111)</p> | <p>1 minute</p> <p>2 minutes</p> | <p>Medical Technologist</p> <p>Staff Nurse</p> |
|                                                                                                                                                                                                                            | <b>TOTAL:</b>                                                                                                                                                                                                               | <b>Refer to Schedule of Fees on page 19</b>                                     | <b>15 minutes</b>                |                                                |

#### **For Outpatients**

| <b>CLIENT STEPS</b>                                                                      | <b>AGENCY ACTION</b>                                                                                | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------|
| 1. Submit the accomplished Laboratory Request Form to the Laboratory Reception Desk.     | 1. Receive the Laboratory Request Form and log the request indicating the date and time of receipt. | None                   | 3 minutes              | Medical Technologist      |
| 1.1 Receive instructions on proper specimen collection and fasting preparations, if any. | 1.1 Give instructions on proper specimen collection and fasting preparations, if any.               | None                   | 3 minutes              | Medical Technologist      |
| 1.2 Secure Charge Slip.                                                                  | 1.2 Print and issue the Charge Slip from IHOMIS                                                     | None                   | 1 minute               | Medical Technologist      |

|                                                                                                                                                     |                                                                                                                              |      |            |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------|------------|-------------------------|
| * In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to the Mayor's Help Desk Section for interview and classification. | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status. | None | 10 minutes | Mayor's Help Desk Clerk |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------|------------|-------------------------|

|                                                                                                                                                                                                                                                                   |                                                                                                                                                 |                                                                          |                   |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|----------------------|
| 2. Pay the required fees to the cashier by showing the Charge Slip.                                                                                                                                                                                               | 2. Accept the payment based on the Charge Slip.                                                                                                 | Refer to Schedule of Fees on page 19 (Refer to City Ordinance 2024-1111) | 1 minute          | Cashier              |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                      | 2.1 Issue the Official Receipt.                                                                                                                 |                                                                          | 2 minutes         | Cashier              |
| 3. Return to the Laboratory Reception Desk, show the Official Receipt, and submit the Laboratory Request Form.                                                                                                                                                    | 3. Check the Official Receipt, record the OR number, and receive the Laboratory Request Form.                                                   | None                                                                     | 2 minutes         | Medical Technologist |
| 4. Once called, proceed to the extraction area to submit properly labeled urine and/or stool sample, or blood extraction.                                                                                                                                         | 4. Perform blood extraction following proper patient identification, receive urine and/or stool sample indicating the date and time of receipt. | None                                                                     | 5 minutes         | Medical Technologist |
| 5. Claim the result by showing the Official Receipt to the Laboratory Reception Desk.                                                                                                                                                                             | 5. Check the Official Receipt.                                                                                                                  | None                                                                     | 1 minute          | Medical Technologist |
| 5.1 Sign in the Registry/ Claim Log Book and receive the Laboratory Test Result.<br><br><i>Releasing time:</i><br><ul style="list-style-type: none"> <li>• Fasting Blood Chemistry – 5:00 pm</li> <li>• Routine Tests – 2 to 4 hours after extraction.</li> </ul> | 5.1 Request the client to sign in the Registry/ Claim Log Book, and issue the Laboratory Test Result.                                           | None                                                                     | 2 minutes         | Medical Technologist |
|                                                                                                                                                                                                                                                                   | <b>TOTAL:</b>                                                                                                                                   | <b>Refer to Schedule of Fees on page 19</b>                              | <b>28 minutes</b> |                      |

## LABORATORY FEES AND CHARGES

| HEMATOLOGY                                   |            | CLINICAL CHEMISTRY                          |             |
|----------------------------------------------|------------|---------------------------------------------|-------------|
| CBC with Platelet Count                      | PHP 200.00 | Hemoglobin A1c (HbA1c)                      | PHP 500.00  |
| Clotting Time and Bleeding Time(CT/BT)       | PHP 150.00 | FBS/RBS                                     | PHP 120.00  |
| Peripheral Blood Smear (PBS)                 | PHP 200.00 | Oral Glucose Tolerance Test (OGTT)          | PHP 400.00  |
| Prothrombin Time (PT)                        | PHP 400.00 | Blood Uric Acid (BUA)                       | PHP 100.00  |
| Activated Partial Thromboplastin Time (aPTT) | PHP 400.00 | Blood Urea Nitrogen (BUN)                   | PHP 100.00  |
| PT with INR and aPTT                         | PHP 700.00 | Creatinine                                  | PHP 100.00  |
| CLINICAL MICROSCOPY                          |            | Cholesterol                                 | PHP 100.00  |
| Urinalysis                                   | PHP 40.00  | Triglyceride                                | PHP 100.00  |
| Fecalysis                                    | PHP 40.00  | AST/SGOT                                    | PHP 150.00  |
| Fecal Occult Blood Test (FOBT)               | PHP 60.00  | ALT/SGPT                                    | PHP 150.00  |
| Pregnancy Test                               | PHP 85.00  | LIPID PROFILE (Chole, TAG, HDL, LDL & VLDL) | PHP 500.00  |
| Wet Mount                                    | PHP 80.00  | Expanded Newborn Screening                  | PHP 1800.00 |
| BLOOD STATION                                |            | ELECTROLYTES                                |             |
| Blood Typing with Rh (Tube method)           | PHP 200.00 | Sodium (Na)                                 | PHP 190.00  |
| Blood Typing with Rh (Slide method)          | PHP 100.00 | Potassium (K)                               | PHP 190.00  |
| Crossmatching (Tube method)                  | PHP 200.00 | Chloride (Cl)                               | PHP 190.00  |
| SEROLOGY                                     |            | Calcium, Ionized (I. Ca)                    | PHP 380.00  |
| HBsAg Screening (Rapid)                      | PHP 200.00 | Na, K, Cl                                   | PHP 500.00  |
| Dengue NS 1                                  | PHP 800.00 | Na, K, Cl, Ca (Ionized)                     | PHP 600.00  |
| Dengue IgM IgG                               | PHP 600.00 | MICROBIOLOGY                                |             |
| Syphilis Screening Test (Rapid)              | PHP 200.00 | KOH                                         | PHP 150.00  |
| Covid-19 Rapid Antigen Test                  | PHP 500.00 | Gram Stain                                  | PHP 100.00  |
| HIV Screening Test (Rapid)                   | PHP 300.00 | Pap Smear                                   | PHP 150.00  |

## 2. PERITONEAL DIALYSIS

Peritoneal dialysis (PD) is available at ACHS Cabading. It is one of the forms of dialysis where the patient's own peritoneal membrane (or lining of the abdominal organs and body surfaces within the abdominal cavity) acts as the artificial kidney. There is no blood removed and returned to the patient. Dialysis using the peritoneal membrane is also a means to remove toxins, poisons and excess fluid that accumulates in the body when patients' kidneys are no longer able to function adequately.

|                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                             |                            |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                   | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING CONTINUOUS<br>AMBULATORY PERITONEAL DIALYSIS (CAPD) CLINIC |                                                                                                                                             |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                         | Simple                                                                                              |                                                                                                                                             |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                               | G2C – Government to Citizen                                                                         |                                                                                                                                             |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                          | Patients of Chronic Kidney Disease (CKD) with End Stage Renal Disease<br>(ESRD)                     |                                                                                                                                             |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                               |                                                                                                     | <b>WHERE TO SECURE</b>                                                                                                                      |                            |                               |
| 1. Referral from internal medicine physician<br>– Original<br>2. Laboratory Result – Original<br><br><i>If indigent, senior citizen, PWD, or 4P's beneficiary:</i><br>1. Barangay Certificate of Indigency<br>2. Senior Citizen / PWD / 4P's ID card<br>3. Medical Certificate |                                                                                                     | - Internist of Antipolo City Hospital System<br>- Nephrologist of ACHS Cabading<br><br>- Barangay Hall<br>- OSCA / CSWDO<br>- ACHS-Cabading |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                | <b>FEES TO<br/>BE PAID</b>                                                                                                                  | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Proceed to the CAPD<br>Clinic for registration.                                                                                                                                                                                                                             | 1. Conduct initial<br>interview, record the<br>patient's data and<br>get the vital signs.           | None                                                                                                                                        | 3 minutes                  | CAPD<br>Coordinator/<br>Nurse |

|                                                                  |                                                                                                              |      |            |                         |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------|-------------------------|
| 2. Submit to physical examination once called.                   | 2. Perform physical examination of the client and provide initial assessment.                                | None | 5 minutes  | Nephrologist            |
| 2.1 Return to the CAPD Coordinator and secure Prescription Slip. | 2.1 Issue the Prescription Slip                                                                              | None | 2 minutes  | Nurse                   |
| 2.1 None                                                         | 2.2. Encoding of all needed supplies, and medications in iHOMIS                                              | None | 3 minutes  | Nurse on duty           |
| 2.2 Proceed to Pharmacy and present the Prescription Slip        | 2.3 Receive the Prescription Slip and write down the prices, if the medicine/ medical supplies are available | None | 1 minute   | Pharmacist              |
| * In case of indigent patient, senior citizen, PWD, or 4P's      | Interview and assess the client and recommend                                                                | None | 10 minutes | Mayor's Help Desk Clerk |

|                                                                                                         |                                                                                                        |                                       |           |            |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------|-----------|------------|
| beneficiary, proceed to the Mayor's Help Desk Section for interview and classification.                 | discounted amount corresponding to the patient's social classification/status                          |                                       |           |            |
| 3. Pay the required fees to the Cashier by showing the Charge Slip, if any                              | 3. Accept the payment based on the Charge Slip/Prescription Slip.                                      | Refer to Schedule of Fees on page 20. | 1 minute  | Cashier    |
| 3.1 Secure Official Receipt.                                                                            | 3.1 Issue the Official Receipt.                                                                        | None                                  | 2 minutes | Cashier    |
| 4. Proceed to the Pharmacy, show the Official Receipt and Prescription Slip and claim the needed items. | 4. Check the Official Receipt and Charge Slip/Prescription Slip and dispense / issue the needed items. | None                                  | 5 minutes | Pharmacist |

|                                                                                                           |                                                                        |                                                          |                   |                           |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------|-------------------|---------------------------|
| 5. Return to CAPD Clinic, show the Official Receipt (OR) and hand the items over to the CAPD Coordinator. | 5. Record the OR number and receive the items.                         | None                                                     | 2 minutes         | CAPD Coordinator          |
| 5.1 Submit to dressing or set change.                                                                     | 5.1 Perform dressing or set change.                                    | None                                                     | 10 minutes        | PD Nurse                  |
| 5.2 Obtain schedule of follow-up check-up / set change.                                                   | 5.2 Provide schedule of the patient's follow-up check-up / set change. | None                                                     | 1 minute          | Nephrologist/<br>PD Nurse |
|                                                                                                           | <b>TOTAL:</b>                                                          | <b>Refer to<br/>Schedule of<br/>Fees on<br/>page 21.</b> | <b>45 minutes</b> |                           |

#### SCHEDULE OF FEES

|                          |              |
|--------------------------|--------------|
| PD TENCHKOFF CATHETER    | PHP 6,891.00 |
| PD EXTENTION CATHETER    | PHP 1,575.00 |
| PD ADAPTOR CATHETER      | PHP 449.00   |
| PD ORGANIZER (STAY SAFE) | PHP 1,094.00 |
| PD DISINFECTION CAP      | PHP 26.00    |
| PD FLUIDS 1.5%           | PHP 300.00   |
| PD FLUIDS 2.3 %          | PHP 300.00   |
| PD FLUIDS 4.25%          | PHP 300.00   |
| PD DRESSING KIT          | PHP 220.00   |

Co-payment Scheme for Peritoneal Dialysis  
Essential Health Services for Benefits package for PD-related Ancillary Services-  
Laboratory/Diagnostic  
Tests and Drug/Medicines for Adults and Pedia

|            |            |
|------------|------------|
| CBC        | PHP 230.00 |
| CREATININE | PHP 120.00 |
| POTASSIUM  | PHP 249.22 |
| CALCIUM    | PHP 120.00 |
| PHOSPOROUS | PHP 180.00 |
| BUN        | PHP 120.00 |
| URIC ACID  | PHP 120.00 |
| FBS OR RBS | PHP 120.00 |
| ANTI-HCV   | PHP 209.22 |
| HBSAG      | PHP 200.00 |

|                                                             |              |
|-------------------------------------------------------------|--------------|
| HBA1C                                                       | PHP 200.00   |
| NON CALCIUM BASED PHOSPATE BINDERS<br>(SEVELAMER 800MG/TAB) | PHP 2,520.00 |
| ERYTHROPOIETIN                                              | PHP 3,600.00 |
| MURIPOCIN                                                   | PHP 540.00   |
| CALCITRIOL 0.25MCG/CAP                                      | PHP 196.00   |
| CHOLECALCIFEROL 800IU/CAP                                   | PHP 196.00   |
| IRON SUPPLEMENTS ORAL 325MCG/TAB                            | PHP 168.00   |
| IV IRON 20MG/ML 5ML AMP                                     | PHP 784.00   |
| CALCIUM BASED PHOSPHATE BINDERS<br>500MG/TAB                | PHP 252.00   |
| W. TOPICAL ANTISEPTIC SPRAY                                 | PHP 78.00    |

**FOR ADMISSION OF PD PATIENTS:**

| CLIENT STEPS                                                         | AGENCY ACTION                                                                                                                                                 | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE               |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------|
| 1. Proceed to the Peritoneal Dialysis Unit for physical examination. | 1. Assess and perform physical examination of the patient.                                                                                                    | None            | 5 minutes       | Medical Officer/<br>Nephrologist |
| 1.1 Provide consent and submit to orientation.                       | 1.1 If findings warrant peritoneal dialysis and the patient chooses it as his/her replacement therapy, secure consent of the patient and conduct orientation. | None            | 5 minutes       | PD Nurse                         |
| 1.2 None                                                             | 1.2 Encoding of all needed supplies, medications, and diagnostic tests in iHOMIS                                                                              | None            | 10 minutes      | PD Nurse                         |
| 1.3 Prepare to accept medications ordered by doctor                  | 1.3 Carrying out doctors' admitting orders.                                                                                                                   | None            | 15 minutes      | PD Nurse                         |
| 1.4 Proceed to the General ward                                      | 1.4. Usher the patient to the General Ward and facilitate Peritoneal Dialysis Order.                                                                          | None            | 5 minutes       | PD Nurse                         |
| 1.5 None                                                             | 1.5 Inform surgeon for Peritoneal Dialysis Catheter (PDC) insertion and                                                                                       | None            | 5 minutes       | Ward Doctor                      |

|                                                                                             |                                                                                                                     |      |                       |                                            |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------|-----------------------|--------------------------------------------|
| 1.6 Submit to assessment to be done by Surgeon, Anesthesiologist, or Internist              | anesthesiologist if anesthesia care is warranted.<br><br>*For patient appraisal<br>*For Internal Medicine clearance | None | 1 hour                | Surgeon/<br>Anesthesiologist/<br>Internist |
| 2. Assisted by an institutional worker, proceed to the Operating Room for the PD procedure. | 2. Assist and take patient to the Operating Room by wheel chair or stretcher bed.                                   | None | 5 minutes             | Institutional Worker                       |
| 2.1 Submit to PDC insertion.                                                                | 2.1 Perform the PDC insertion.                                                                                      | None | 1 hour and 30 minutes | Surgeon                                    |
|                                                                                             |                                                                                                                     | None | 5 minutes             |                                            |

|                                                |                                                                                                                                                                    |             |                |                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|----------------------|
| 2.2 Return to the PD Ward after the procedure. | 2.2 Assist and take the patient back to the PD Ward by wheel chair or stretcher bed.                                                                               |             |                | Institutional Worker |
| 3. None                                        | 3. Refer the patient to Nephrologist for elective PD orders                                                                                                        | None        | 5 minutes      | Ward Doctor          |
| 3.1 Submit to succeeding clinical procedures.  | 3.1 Perform the following:<br><br>a. Intravenous Fluid (IVF) insertion<br>b. Administration of medicines<br>c. Ancillary procedures<br>d. Other nursing procedures | None        | 20 minutes     | PD Nurse             |
| <b>TOTAL:</b>                                  |                                                                                                                                                                    | <b>None</b> | <b>3 hours</b> |                      |



### 3. ULTRASONOGRAPHY SERVICE

Diagnostic ultrasound uses sound waves to capture images of soft tissues. Ultrasonography is a painless procedure to help diagnose causes of pain, swelling or infections, and a useful way of examining various body organs without the ionizing radiation used in conventional x-ray procedures. The image captured through ultrasound can provide valuable information for diagnosing and treating variety of diseases and conditions.

|                                  |                                                                   |
|----------------------------------|-------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>RADIOLOGY DEPARTMENT  |
| <b>CLASSIFICATION:</b>           | Simple                                                            |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2C – Government to Citizen                                       |
| <b>WHO MAY AVAIL:</b>            | Out-patients; emergency patients; in-patients                     |
| <b>CHECKLIST OF REQUIREMENTS</b> |                                                                   |
| <b>WHERE TO SECURE</b>           |                                                                   |
| Official request for ultrasound  | Attending physician / OPD physician /<br>emergency doctor on duty |

**For Emergency Patients** –STAT/EMERGENCY cases are attended immediately without preparation.

| CLIENT STEPS                                                                                                                             | AGENCY ACTION                                                                                                                                                                                                                                             | FEES TO<br>BE PAID | PROCESSING<br>TIME        | PERSON RESPONSIBLE                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|---------------------------------------------|
| 1. Proceed to the<br>Emergency<br>Room and sign<br>in for immediate<br>treatment<br><br>1.1 None                                         | 1. Issue corresponding<br>Ultrasound Request<br>to patient or his/her<br>relative/guardian.<br><br>1.1 Call the Radiologic<br>Technologist on duty<br>to inform ahead of<br>the incoming<br>Emergency Case and<br>type of Ultrasound<br>procedure needed. | None<br><br>None   | 1 minute<br><br>2 minutes | Doctor on duty<br><br>Nurse on duty         |
| 2. Assisted by an<br>institutional<br>worker, proceed<br>to the Radiology<br>Department for<br>ultrasound<br>procedures.<br><br>2.1 None | 2. Assist and take<br>patient to the<br>Radiology<br>Department by wheel<br>chair or stretcher<br>bed.<br><br>2.1 Give to the<br>Radiologic<br>Technologist the<br>Ultrasound request<br>issued by the<br>Emergency Doctor on<br>duty.                    | None<br><br>None   | 2 minutes<br><br>1 minute | Institutional Worker<br><br>Emergency Nurse |

|                                                                                                                                                     |                                                                                                                              |                                      |            |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|-----------------------------------------|
| 2.2 None                                                                                                                                            | 2.2 Receive and verify the request                                                                                           | None                                 | 2 minutes  | Sonographer                             |
| 2.3 None                                                                                                                                            | 2.3 Log the patient's data in the Radiology Department's Google Sheet.                                                       | None                                 | 1 minute   | Sonographer                             |
| 2.4 None                                                                                                                                            | 2.4 Encode on ultrasound machine patient data and type of exam                                                               | None                                 | 1 minute   | Sonographer                             |
| 2.5 Receive instruction on the ultrasound procedure.                                                                                                | 2.5 Give instruction to the patient regarding the ultrasound procedure.                                                      | None                                 | 1 minute   | Sonographer                             |
| 3. Undergo diagnostic ultrasound procedure.                                                                                                         | 3. Perform ultrasound procedure/s to the patient                                                                             | None                                 | 10 minutes | Sonographer/<br>Sonologist              |
| 3.1 Secure Charge Slip                                                                                                                              | 3.1 Issue the Charge Slip via IHOMIS or Request with corresponding amount per procedure                                      | None                                 | 1 minute   | Radiologic Technologist/<br>Sonographer |
| * In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to the Mayor's Help Desk Section for interview and classification. | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status. | None                                 | 10 minutes | Mayor's Help Desk Clerk                 |
| 4. Pay the required fees to the cashier by showing the request/charge slip.                                                                         | 4. Accept the payment based on the request/charge slip.                                                                      | Refer to Schedule of Fees on page 30 | 1 minute   | Cashier                                 |
| 4.1 Secure Official Receipt                                                                                                                         | 4.1 Issue the Official Receipt                                                                                               | None                                 | 2 minutes  | Cashier                                 |
| 5. Return to the Radiology Department and                                                                                                           | 5. Check the Official Receipt and record the OR number                                                                       | None                                 | 1 minute   | Sonographer                             |

|                                                                                                      |                                                                                                     |                                             |                   |                         |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|-------------------------|
| show the Official Receipt                                                                            | 5.1 Give claim stub and inform the patient on the date and time when to claim the ultrasound result | None                                        | 1 minute          | Sonographer             |
| 5.1 Secure claim stub                                                                                |                                                                                                     |                                             |                   |                         |
| 5.2 None                                                                                             | 5.2 Reading of ultrasound images, encoding, and printing the ultrasound result                      | None                                        | 5 minutes         | Sonographer/Sonologist  |
|                                                                                                      | 5.3 File copy of the ultrasound result ready for release.                                           | None                                        | 1 minute          | Sonographer             |
| 5.3 None                                                                                             |                                                                                                     |                                             |                   |                         |
| 6. On the specified date and time, return to the Radiology Department to claim the ultrasound result | 6. Request the client to sign in the Release Log Book                                               | None                                        | 1 minute          | Radiologic Technologist |
| 6.1 Sign in the Release Logbook and receive the ultrasound result                                    | 6.1 Issue the ultrasound result                                                                     | None                                        | 1 minute          | Radiologic Technologist |
|                                                                                                      |                                                                                                     |                                             |                   |                         |
|                                                                                                      | <b>TOTAL:</b>                                                                                       | <b>Refer to Schedule of Fees on page 26</b> | <b>45 minutes</b> |                         |

### SCHEDULE OF ULTRASOUND EXAMINATION FEES

|                                       |              |
|---------------------------------------|--------------|
| CHEST BOTH                            | PHP 1,000.00 |
| BREAST                                | PHP 700.00   |
| BOTH BREAST                           | PHP 1,200.00 |
| CRANIAL                               | PHP 600.00   |
| THYROID (NECK)                        | PHP 500.00   |
| HEPATOBIILIARY TREE (LIVER,GB,BT)     | PHP 1,000.00 |
| HEPATOBIILIARY TREE/RUQ (LIVER,GB,BT) | PHP 1,000.00 |
| UPPER ABDOMEN(HBT,PANCREAS,SPLEEN)    | PHP 1,000.00 |
| LOWER ABDOMEN                         | PHP 1,000.00 |
| WHOLE ABDOMEN                         | PHP 1,500.00 |
| KUB (KIDNEY, URETER, BLADDER)         | PHP 1,000.00 |

|                                                       |              |
|-------------------------------------------------------|--------------|
| KUB+PROSTATE(KIDNEY,URETER,BLADDER)                   | PHP 1,000.00 |
| PROSTATE/SCROTUM                                      | PHP 450.00   |
| INGUINAL                                              | PHP 450.00   |
| URINARY BLADDER                                       | PHP 450.00   |
| PROSTATE/SCROTUM                                      | PHP 450.00   |
| INGUINO-SCROTAL                                       | PHP 800.00   |
| SCROTAL                                               | PHP 450.00   |
| <b>SINGLE ORGAN ULTRASOUND</b>                        |              |
| LIVER                                                 | PHP 450.00   |
| GALLBLADDER                                           | PHP 450.00   |
| PANCREAS                                              | PHP 450.00   |
| SPLEEN                                                | PHP 450.00   |
| BILLIARY TREE                                         | PHP 500.00   |
| ABDOMINAL AORTA                                       | PHP 450.00   |
| KIDNEY                                                | PHP 450.00   |
| URINARY BLADDER                                       | PHP 450.00   |
| <b>OB-GYNE ULTRASOUND</b>                             |              |
| PELVIC (PREGNANT/NON-PREGNANT)                        | PHP 500.00   |
| PELVIC WITH BPS                                       | PHP 800.00   |
| PELVIC (TWINS)                                        | PHP 900.00   |
| PELVIC (TRIPLETS)                                     | PHP 2,000.00 |
| BPS (BIOPHYSICAL SCORING)                             | PHP 800.00   |
| TRANSVAGINAL ULTRASOUND (TVS)                         | PHP 700.00   |
| TRANSRECTAL ULTRASOUND (TRS)                          | PHP 700.00   |
| BIOPHYSICAL SCORING (NEAR DELIVERY)                   | PHP 350.00   |
| CONGENITAL ANOMALY SCAN (CAS)                         | PHP 1,400.00 |
| TWIN CONGENITAL ANOMALY (TCAS)                        | PHP 2,000.00 |
| CONGENITAL ANOMALY SCAN (CAS) W/<br>PLACENTAL DOPPLER | PHP 2,000.00 |
| CONGENITAL ANOMALY SCAN (CAS) W/ OBSTETRIC<br>DOPPLER | PHP 2,000.00 |
| PLACENTAL DOPPLER                                     | PHP 1,200.00 |
| OB-DOPPLER                                            | PHP 1,400.00 |
| OB-DOPPLER (TWINS)                                    | PHP 1,800.00 |
| OB-DOPPLER W/ BPS, (NST)                              | PHP 1,400.00 |
| MULTIPLE PREGNANCY DOPPLER                            | PHP 2,000.00 |
| TWIN BPS W/ NST                                       | PHP 1,000.00 |
| MODIFIED BPS W/ NST                                   | PHP 800.00   |
| ULTRASOUND GUIDED PROCEDURE                           | PHP 4,000.00 |

**For Inpatients**

| CLIENT STEPS                                                                                                                                                                                                            | AGENCY ACTION                                                                                                                                | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------|
| 1. Submit the Ultrasound Request to the Radiology Department (to be undertaken by ward nurse on duty).<br><br><i>Note: May be undertaken by the patient's relative/ guardian, or nursing attendant / nurse on duty.</i> | 1. Receive and verify request.<br><br>* If the request for an ultrasound procedure needs fasting, it will be scheduled on the following day. | None            | 3 minutes       | Sonographer          |
| 1.1 Receive a written instruction on fasting procedure for patient to follow.                                                                                                                                           | 1.1 Give a written instruction on a fasting procedure for the patient to follow.                                                             | None            | 1 day           | Nurse on duty        |
| 2. Assisted by an institutional worker, proceed to the Radiology Department                                                                                                                                             | 2. Transfer the patient by wheel chair or stretcher bed from ward to the Radiology Department                                                | None            | 1 minute        | Nurse on duty        |
| 2.1 Receive instruction on the ultrasound procedure.                                                                                                                                                                    | 2.1 Give instruction to the patient regarding ultrasound procedure                                                                           | None            | 3 minutes       | Institutional Worker |
|                                                                                                                                                                                                                         |                                                                                                                                              | None            | 2 minutes       | Sonographer          |

|                                                                                            |                                                                                                    |                                       |            |                                         |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------|------------|-----------------------------------------|
| 3. Undergo the diagnostic ultrasound procedure                                             | 3. Perform the ultrasound procedure                                                                | None                                  | 20 minutes | Sonographer/Sonologist                  |
| 3.1 Ask for the schedule of release of the ultrasound result                               | 3.1 Inform the patient of the date and time of the release of the ultrasound result                | None                                  | 1 minute   | Sonographer                             |
| 3.2 Assisted by an institutional worker, return to the ward after the ultrasound procedure | 3.2 Return the patient by wheel chair or stretcher bed back to ward                                | None                                  | 5 minutes  | Institutional Worker                    |
| 3.3 None                                                                                   | 3.3 Issue the Charge Slip via IHOMIS print or Request form with corresponding amount per procedure | Refer to Schedule of Fees on page 30. | 2 minutes  | Radiologic Technologist/<br>Sonographer |

|                                                                                                                                  |                                                                                  |                                                                           |                                           |                        |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|------------------------|
| 4. Wait to be informed by the attending physician regarding the ultrasound result.                                               | 4. Reading of ultrasound images, encoding, and printing the ultrasound result    | None                                                                      | 5 minutes                                 | Sonographer/Sonologist |
| 4.1 None                                                                                                                         | 4.1 Forward a copy of the result to the Ward Nurse Station                       | None                                                                      | 1 minute                                  | Sonographer            |
| 4.2 None                                                                                                                         | 4.2 Inform doctor of availability of result                                      | None                                                                      | 1 minute                                  | Nurse on duty          |
| 4.3 Receive advice from the attending physician regarding the ultrasound result, and instruction on necessary medication, if any | 4.3 Inform the patient of the ultrasound result and necessary medication, if any | None                                                                      | 3 minutes                                 | Attending Physician    |
|                                                                                                                                  | <b>TOTAL:</b>                                                                    | Refer to Schedule of Fees on page 30. (Refer to City Ordinance 2024-1111) | <b>47 minutes to 1 day and 47 minutes</b> |                        |

#### For Outpatients

| CLIENT STEPS                                                  | AGENCY ACTION                                                | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                      |
|---------------------------------------------------------------|--------------------------------------------------------------|-----------------|-----------------|-----------------------------------------|
| 1. Submit the Ultrasound Request to the Radiology Department. | 1. Receive and verify patient's ultrasound schedule          | None            | 2 minutes       | Sonographer                             |
|                                                               | *Walk in patients are given an ultrasound exam schedule date |                 |                 |                                         |
| 1.1 Receive a written/verbal instruction on fasting           | 1.1 Give a written/verbal instruction on                     | None            | 2 minutes       | Radiologic Technologist/<br>Sonographer |

|                                                                                                                                                     |                                                                                                                              |                                       |            |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------|-----------------------------------------|
| procedure to follow and return on scheduled date                                                                                                    | fasting procedure for the patient to follow and return on scheduled date.                                                    | None                                  | 1 minute   | Radiologic Technologist/<br>Sonographer |
| 1.2 None                                                                                                                                            | 1.2 Log the patient's data in the Radiology Department's Google Sheet                                                        | None                                  | 1 minute   | Radiologic Technologist/<br>Sonographer |
| 1.3 None                                                                                                                                            | 1.3 Encode on ultrasound machine patient data and type of exam                                                               | Refer to Schedule of Fees on page 30. | 1 minute   | Radiologic Technologist                 |
| 1.4 Secure Charge Slip                                                                                                                              | 1.4 Issue the Charge Slip printed from IHOMIS or request form with corresponding amount per procedure                        | None                                  | 10 minutes | Mayor's Help Desk Clerk                 |
| * In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to the Mayor's Help Desk Section for interview and classification. | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status. |                                       |            |                                         |
| 2. Pay the required fees to the cashier by showing the Charge Slip                                                                                  | 2. Accept the payment based on the Charge Slip or Request with corresponding amount of procedure                             | Refer to Schedule of Fees on page 26  | 1 minute   | Cashier                                 |
| 2.1 Secure Official Receipt                                                                                                                         | 2.1 Issue the Official Receipt                                                                                               | None                                  | 2 minutes  | Cashier                                 |



|                                                                                                      |                                                                                                    |      |            |                                      |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------|------------|--------------------------------------|
| 3. Return to the Radiology Department and show the Official Receipt                                  | 3. Check the Official Receipt and record the OR number                                             | None | 1 minute   | Sonographer/Radiologic Technologist  |
| 3.1 Receive instruction regarding the ultrasound procedure                                           | 3.1 Give instruction to the patient regarding ultrasound procedure                                 | None | 1 minute   | Sonographer                          |
| 4. Undergo the diagnostic ultrasound procedure                                                       | 4. Perform the ultrasound procedure                                                                | None | 10 minutes | Sonologist/ Sonographer              |
| 4.1 Secure claim stub                                                                                | 4.1 Give claim stub or inform the patient on the date and time when to claim the ultrasound result | None | 1 minute   | Sonographer                          |
| 4.2 None                                                                                             | 4.2 Reading of ultrasound images, encoding, and printing the ultrasound result                     | None | 5 minutes  | Sonographer/ Sonologist              |
| 4.3 None                                                                                             | 4.3 File copy of the ultrasound result ready for release                                           | None | 5 minutes  | Sonographer                          |
| 5. On the specified date and time, return to the Radiology Department to claim the ultrasound result | 5. Request the client to sign in the Release Log Book                                              | None | 1 minute   | Sonographer/Radiologic Technologist  |
| 5.1 Sign in the Release Log Book and receive the ultrasound result                                   | 5.1 Issue the ultrasound result                                                                    | None | 1 minute   | Sonographer/ Radiologic Technologist |

|  |               |                                                  |                                                       |  |
|--|---------------|--------------------------------------------------|-------------------------------------------------------|--|
|  |               |                                                  |                                                       |  |
|  | <b>TOTAL:</b> | Refer to<br>Schedule<br>of Fees<br>on page<br>30 | <b>45 minutes<br/>to 1 day<br/>and<br/>45 minutes</b> |  |

## 4. 12 LEAD ECG AND X-RAY PROCEDURES

The Radiology Department of ACHS-Cabading is responsible for the administration and provision of X-ray and 12 Lead electrocardiogram (ECG) diagnostic examination to patients to aid in the diagnosis, management and treatment of diseases.

|                                                                                                                                                                                                                                            |                                                                  |                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                               | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>RADIOLOGY DEPARTMENT |                                                                                                                              |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                     | Simple                                                           |                                                                                                                              |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                           | G2C – Government to Citizen                                      |                                                                                                                              |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                      | Inpatients; outpatients; emergency room patients                 |                                                                                                                              |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                           |                                                                  | <b>WHERE TO SECURE</b>                                                                                                       |
| 1. Laboratory request for 12-Lead ECG and x-ray procedures<br><br><i>If indigent, senior citizen, PWD or 4P's beneficiary:</i><br>2. Barangay Certificate of Indigency<br>3. Senior Citizen / PWD / 4P's ID card<br>4. Medical Certificate |                                                                  | - Attending physician / OPD physician / emergency doctor on duty<br><br>- Barangay Hall<br>- OSCA / CSWDO<br>- ACHS-Cabading |

### For Emergency Patients

STAT/EMERGENCY cases are attended immediately without preparation

| CLIENT STEPS                                                                                                | AGENCY ACTION                                                                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------|
| 1. Proceed to the Emergency Room and sign in for immediate treatment                                        | 1. Issue corresponding Xray/ECG Request to patient or his/her relative/guardian                                                | None            | 2 minutes       | Emergency Doctor     |
| 1.1 None                                                                                                    | 1.1 Call the Radiologic Technologist on duty to inform ahead of the incoming Emergency Case and type of X-ray procedure needed | None            | 2 minutes       | Emergency Nurse      |
| 2. Assisted by an institutional worker, proceed to the Radiology Department for ECG and/or x-ray procedures | 2. Assist and take the patient to the Radiology Department by wheel chair or stretcher bed                                     | None            | 5 minutes       | Institutional Worker |
| 2.1. Proceed to the Radiology Department                                                                    | 2.1 Give the X-ray/ECG Request issued by the Emergency Doctor on duty                                                          | None            | 2 minutes       | Institutional Worker |

|                                                                                                                                                     |                                                                                                                              |                                      |            |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|-------------------------|
| 2.2 None                                                                                                                                            | 2.2 Receive and verify the request                                                                                           | None                                 | 2 minutes  | Radiologic Technologist |
| 2.3 None                                                                                                                                            | 2.3 Log the patient's data in the Radiology Department's Google Sheet                                                        | None                                 | 1 minute   | Radiologic Technologist |
| 2.4 None                                                                                                                                            | 2.4 Encode patient data and procedure on Digital X-ray Computer                                                              | None                                 | 3 minutes  | Radiologic Technologist |
| 3. Undergo the 12 Lead ECG and/or x-ray procedures                                                                                                  | 3. Perform emergency procedure/s                                                                                             | None                                 | 10 minutes | Radiologic Technologist |
| 3.1 1 Secure Charge Slip/Request with corresponding amount                                                                                          | 3.1 Issue the Charge Slip printed from IHOMIS or Request with corresponding amount                                           | None                                 | 1 minute   | Radiologic Technologist |
| * In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to the Mayor's Help Desk Section for interview and classification. | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status. | None                                 | 10 minutes | Mayor's Help Desk       |
| 4. Pay the required fees to the cashier by showing the Charge Slip                                                                                  | 4. Accept the payment based on the Charge Slip/ Request with corresponding amount                                            | Refer to Schedule of Fees on page 38 | 1 minutes  | Cashier                 |
| 4.1 If procedure done at night give payment to the Radiologic Technologist                                                                          | 4.1 Radiologic Technologist on duty night shift accept payment at night and reimburse collection to cashier next morning.    | Refer to Schedule of Fees on page 38 | 2 minutes  | Radiologic Technologist |
| 4.2 Next day, Secure Official Receipt from cashier                                                                                                  | 4.2 Reimburse collection to cashier                                                                                          | None                                 | 2 minutes  | Cashier                 |

|                                                                                                 |                                                                                                                         |      |           |                                                                     |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------|-----------|---------------------------------------------------------------------|
| 5. Return to the Radiology Department and show the Official Receipt                             | 5. Check the Official Receipt and record the OR number                                                                  | None | 1 minute  | Radiologic Technologist                                             |
| 5.1 Patient/Guardian return to Emergency room.                                                  | 5.1 Send X-ray and ECG images to attending Emergency Doctors                                                            | None | 1 minutes | Radiologic Technologist                                             |
| 6. Receive information from the attending Emergency Doctor if for transfer to other institution | 6. If the patient is for transfer to other institution, inform the Radiologic Technologist                              | None | 1 minute  | Emergency Nurse                                                     |
| 6.1 Receive copy of ECG/X-ray for transfer                                                      | 6.1 Record the transfer and release copy of X-ray images and/or ECG tracing after department clearances have been made. | None | 2 minutes | Radiologic Technologist                                             |
| 6.2 None                                                                                        | 6.2 Prepare ECG for reading by the Internist, and X-ray reading by Radiologist                                          | None | 2 minutes | Radiologic Technologist/<br>Internal Medicine<br>Doctor/Radiologist |
| 6.3 None                                                                                        | 6.3 Encode and print ECG/x-ray results                                                                                  | None | 3 minutes | Radiologic Technologist                                             |
| 6.4 None                                                                                        | 6.4 File ECG and/or X-ray results after reading                                                                         | None | 1 minute  | Radiologic Technologist                                             |
| 7. If the patient is for admission in the hospital                                              | 7. Inform the Radiology Department of the patient's admission                                                           | None | 2 minutes | Emergency Nurse                                                     |
| 7.1 None                                                                                        | 7.1 Update the Google Sheet regarding patient's admission                                                               | None | 3 minutes | Radiologic Technologist                                             |
| 7.2 None                                                                                        | 7.2 Prepare ECG for reading by internist and X-ray for reading by Radiologist                                           | None | 2 minutes | Radiologic Technologist<br>Internal<br>Medicine/Radiologist         |

|                                                                                                             |                                                                      |                                      |                              |                         |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------|------------------------------|-------------------------|
| 7.3 None                                                                                                    | 7.3 Encode and print the ECG/x-ray results                           | None                                 | 3 minutes                    | Radiologic Technologist |
| 7.4 None                                                                                                    | 7.4 File a copy of the ECG and/or x-ray results                      | None                                 | 3 minutes                    | Radiologic Technologist |
| 7.5 None                                                                                                    | 7.5 Forward the official ECG/x-ray results to the Ward Nurse Station | None                                 | 2 minutes                    | Radiologic Technologist |
| 8. On the specified date and time, return to the Radiology Department to claim the ECG and/or x-ray results | 8. Request the client to sign in the Release Log Book.               | None                                 | 2 minutes                    | Radiologic Technologist |
| 8.1 Sign in the Release Log Book and receive the ECG and/or x-ray results                                   | 8.1 Issue the ECG and/or x-ray results                               | None                                 | 1 minute                     | Radiologic Technologist |
|                                                                                                             | <b>TOTAL:</b>                                                        | Refer to Schedule of Fees on page 38 | <b>1 hour and 12 minutes</b> |                         |

### SCHEDULE OF RADIOLOGY EXAMINATION FEES

|                                    |            |
|------------------------------------|------------|
| ECG 12 LEAD                        | PHP 300.00 |
| ECG 15 LEAD                        | PHP 450.00 |
| CHEST PA, AP/LAT OR PA/LAT (ADULT) | PHP 350.00 |
| CHEST AP/LAT (PEDIA)               | PHP 450.00 |
| APICOLOR DOTIC VIEW                | PHP 200.00 |
| SPOT VIEW                          | PHP 400.00 |
| HAND PA/OBL.                       | PHP 450.00 |
| BOTH HANDS PA/OBL                  | PHP 800.00 |
| WRIST PA/LAT                       | PHP 350.00 |
| BOTH WRIST PA/LAT                  | PHP 600.00 |
| FOREARM AP/LAT.                    | PHP 400.00 |
| BOTH FOREARM AP/LAT                | PHP 700.00 |
| ELBOW AP/LAT                       | PHP 400.00 |
| BOTH ELBOW                         | PHP 700.00 |
| SHOULDER AP                        | PHP 400.00 |
| BOTH SHOULDER AP                   | PHP 700.00 |
| ARM/HUMERUS/AP/LAT                 | PHP 400.00 |

|                                              |            |
|----------------------------------------------|------------|
| BOTH ARM/HUMERUS/AP/LAT                      | PHP 700.00 |
| CLAVICLE AP                                  | PHP 300.00 |
| BOTH CLAVICLE AP                             | PHP 500.00 |
| SCAPULA AP/LAT                               | PHP 350.00 |
| FOOT AP/OBL.                                 | PHP 450.00 |
| BOTH FOOT AP/OBL                             | PHP 800.00 |
| CALCANEUS AXIAL/LAT/BOTH                     | PHP 350.00 |
| ANKLE AP/LAT/BOTH                            | PHP 700.00 |
| LEG AP/LAT                                   | PHP 450.00 |
| BOTH LEG AP/LAT                              | PHP 800.00 |
| KNEE AP/LAT                                  | PHP 400.00 |
| BOTH KNEE AP/LAT                             | PHP 800.00 |
| THIGH/FEMUR                                  | PHP 450.00 |
| BOTH THIGH/FEMUR                             | PHP 800.00 |
| PELVIS/ HIPS AP                              | PHP 350.00 |
| BOTH PELVIS/ HIPS AP                         | PHP 700.00 |
| CERVICAL SPINE AP/LAT                        | PHP 400.00 |
| NECK (SOFT TISSUE LATERAL)                   | PHP 400.00 |
| MASTOID                                      | PHP 300.00 |
| THORACIC SPINE AP/LAT                        | PHP 500.00 |
| THORACOLUMBAR SPINE AP/LAT (TLS)             | PHP 650.00 |
| LUMBOSACRAL SPINE AP/LAT                     | PHP 500.00 |
| COCCYX/SACRUM                                | PHP 300.00 |
| THORACIC CAGE/RIB CAGE AP/OBL.               | PHP 500.00 |
| SKULL AP/LAT.                                | PHP 600.00 |
| PARANASAL SINUSES (CADWELL'S, WATER'S/LAT.)  | PHP 600.00 |
| NASAL BONE (BOTH LAT.WATERS)                 | PHP 700.00 |
| NOSE (SOFT TISSUE LATERAL)                   | PHP 400.00 |
| WATERS VIEW                                  | PHP 400.00 |
| ZYGOMATIC BONE (SMV)                         | PHP 400.00 |
| MANDIBLE (AP/BOTH LAT.)                      | PHP 400.00 |
| TEMPOROMANDIBULAR JT. (MOD. OWNE'S/SCHULLER) | PHP 800.00 |
| OPTIC FORAMINA (RHESE)                       | PHP 350.00 |
| SKULL SERIES (AP/CALDWELL'S/WATER'S/LAT)     | PHP 600.00 |
| ADDITIONAL VIEW                              | PHP 150.00 |
| BABYGRAM                                     | PHP 300.00 |
| PLAIN ABDOMEN KUB, SCOUT FILM ABDOMEN        | PHP 500.00 |
| ABDOMEN UPRIGHT/ SUPINE                      | PHP 500.00 |
| MORTISE VIEW                                 | PHP 600.00 |
| SERENDIPITY VIEW                             | PHP 600.00 |
| SUNRISE                                      | PHP 600.00 |

## For Inpatients

| CLIENT STEPS                                                                                                                                                                                                         | AGENCY ACTION                                                                                                                              | FEES TO BE PAID                      | PROCESSING TIME        | PERSON RESPONSIBLE                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|----------------------------------------------------------|
| 1. Submit the laboratory request to the Radiology Department (to be undertaken by attending nurse).<br><br><i>Note: May be undertaken by the patient's relative/ guardian, or nursing attendant / nurse on duty.</i> | 1. Receive and verify the request.<br><br><i>If the request for x-ray procedure needs fasting, it will be scheduled the following day.</i> | None<br><br>None                     | 2 minutes<br><br>1 day | Radiologic Technologist<br><br>Nurse on duty             |
| 1.1 Receive a written/verbal instruction on fasting procedure                                                                                                                                                        | 1.1 Give a written/verbal instruction on fasting procedure for patient to follow                                                           | None                                 | 2 minutes              | Nurse on duty                                            |
| 2. Assisted by an institutional worker, proceed to the Radiology Department                                                                                                                                          | 2. If no preparation is needed, transport patient by wheel chair or stretcher bed from ward to the Radiology Department                    | None                                 | 5 minutes              | Institutional Worker                                     |
| 2.1 Undergo the 12 Lead ECG and/or x-ray procedures                                                                                                                                                                  | 2.1 Perform the requested procedure/s                                                                                                      | None                                 | 10 minutes             | Radiologic Technologist                                  |
| 3. Return to the ward after the procedure/s                                                                                                                                                                          | 3. Transport the patient back to his/her ward                                                                                              | None                                 | 5 minutes              | Institutional Worker                                     |
| 3.1 None                                                                                                                                                                                                             | 3.1 Charge admitted procedure through IHOMIS                                                                                               | Refer to Schedule of Fees on page 38 | 2 minutes              | Radiologic Technologist                                  |
| 4. Wait to be informed by the attending physician regarding the ECG and/or x-ray results                                                                                                                             | 4. Prepare ECG for reading by internist, and X-ray for reading by Radiologist, encode, and print result                                    | None                                 | 3 minutes              | Radiologist<br>Radiologic/<br>Internist<br>Technologist/ |
| 4.1 None                                                                                                                                                                                                             | 4.1 File copy of the ECG and/or x-ray results after reading                                                                                | None                                 | 1 minute               | Radiologic Technologist                                  |
| 4.2 None                                                                                                                                                                                                             | 4.2 Deliver copy of Xray and/or ECG                                                                                                        | None                                 | 1 minute               | Radiologic Technologist                                  |



|           |                                                                       |                                      |                                           |                     |
|-----------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|---------------------|
| 4.3 None  | result at the Ward Nurse Station                                      | None                                 | 3 minutes                                 | Nurse on duty       |
| 4.4. None | 4.3 Inform doctor of the ECG and/or x-ray result                      | None                                 | 5 minutes                                 | Attending Physician |
|           | 4.4 Inform the patient of the result and necessary medication, if any |                                      |                                           |                     |
|           | <b>TOTAL:</b>                                                         | Refer to Schedule of Fees on page 38 | <b>40 minutes to 1 day and 40 minutes</b> |                     |

### **For Outpatients**

| CLIENT STEPS                                                                                              | AGENCY ACTION                                                                                                                | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE      |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------|
| 1. Proceed to the Radiology Department for Ambulatory patient                                             | 1. Receive and verify request, write corresponding amount of procedure                                                       | None            | 1 minute        | Radiologic Technologist |
| If patient is non-ambulatory, request for wheelchair assistance                                           | Assist and take the patient to the Radiology Department by wheelchair, if needed                                             | None            | 5 minutes       | Institutional Worker    |
| 1.1 Submit the X-ray and/or ECG request                                                                   | 1.1 Receive and verify request                                                                                               | None            | 3 minutes       | Radiologic Technologist |
| 1.2 Secure Charge Slip                                                                                    | 4.1 Issue the Charge Slip printed from iHOMIS or Request form with corresponding amount per procedure                        | None            | 1 minute        | Radiologic Technologist |
| 1.3 None                                                                                                  | 1.3 Encode procedure to Radiology Google Sheet                                                                               | None            | 10 minutes      | Mayor's Help Desk       |
| * In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to the Mayor's Help Desk | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status. |                 |                 |                         |

| Section for interview and classification.                                                                                |                                                                                                                                                  |                                      |            |                         |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|-------------------------|
| 2. Pay the required fees to the cashier by showing the Charge Slip or Request form with corresponding price of procedure | 2. Accept the payment based on the Charge Slip or Request form with corresponding price of procedure                                             | Refer to Schedule of Fees on page 38 | 1 minute   | Cashier                 |
| 2.1 Secure Official Receipt.                                                                                             | 2.1 Issue the Official Receipt.                                                                                                                  | None                                 | 2 minutes  | Cashier                 |
| 3. Return to the Radiology Department and show the Official Receipt                                                      | 3. Check the Official Receipt and record the OR number.                                                                                          | None                                 | 1 minute   | Radiologic Technologist |
| 3.1 Undergo the 12 Lead ECG and/or x-ray procedures.                                                                     | 3.1 Perform the requested procedure/s.                                                                                                           | None                                 | 10 minutes | Radiologic Technologist |
| 3.2 Receive fasting instruction, if any                                                                                  | • Give fasting instruction to the patient if request requires preparation like scout film of the abdomen (KUB), LS or TLS                        | None                                 | 3 minutes  | Radiologic Technologist |
| 3.3 Get the schedule of x-ray procedures next day after preparation                                                      | 3.3 Schedule x-ray procedures for the following day for procedures that require fasting                                                          | None                                 | 1day       | Radiologic Technologist |
| 4. If ordered by the attending physician, borrow the ECG tracing and/or x-ray film for initial reading                   | 4. Request the client to sign in the Borrower's Log Book                                                                                         | None                                 | 2 minutes  | Radiologic Technologist |
| 4.1 Sign in the Borrower's Log Book and receive the ECG tracing and/or x-ray film/s.                                     | 4.1 Issue the ECG tracing and/or x-ray film/s.<br><br><i>* No official reading shall be issued for unreturned ECG tracing and/or x-ray film.</i> | None                                 | 1 minute   | Radiologic Technologist |
|                                                                                                                          | 4.2 Give a claim stub and inform the patient on the date and time when to                                                                        | None                                 | 1 minute   | Radiologic Technologist |

|                                                                                                             |                                                       |                                      |                                           |                         |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------|
| 4.2 Secure claim stub                                                                                       | claim the X-ray / ECG result                          |                                      |                                           |                         |
| 5. On the specified date and time, return to the Radiology Department to claim the ECG and/or x-ray results | 5. Request the client to sign in the Release Log Book | None                                 | 3 minutes                                 | Radiologic Technologist |
| 5.1 Sign in the Release Log Book and receive the ECG and/or x-ray results                                   | 5.1 Issue the ECG and/or x-ray results                | None                                 | 1 minute                                  | Radiologic Technologist |
|                                                                                                             | <b>TOTAL:</b>                                         | Refer to Schedule of Fees on page 38 | <b>45 minutes to 1 day and 45 minutes</b> |                         |

#### **For Patient for Admission**

| CLIENT STEPS                                                                | AGENCY ACTION                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE      |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------|-----------------|-------------------------|
| 1. Assisted by an Institutional Worker, proceed to the Radiology Department | 1. Take the patient to the Radiology Department by wheel chair / stretcher bed | None            | 5 minutes       | Institutional Worker    |
| 1.1 None                                                                    | 1.1 Log the patient's data in the Radiology Department's Record Book           | None            | 3 minutes       | Radiologic Technologist |
| 1.2 None                                                                    | 1.2 Fill out patient markers as data to be printed on the x-ray films.         | None            | 3 minutes       | Radiologic Technologist |
| 1.3 None                                                                    | 1.3 Prepare for the procedure                                                  | None            | 5 minutes       | Radiologic Technologist |
| 2. Undergo the 12 Lead ECG and/or x-ray procedures                          | 2. Perform the requested procedure/s                                           | None            | 10 minutes      | Radiologic Technologist |

|                                                                                                                          |                                                                                                          |                                             |                   |                                                               |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|---------------------------------------------------------------|
| 3. Assisted by an Institutional Worker, proceed to the designated ward                                                   | 3. Take the patient to the designated ward by wheel chair / stretcher bed                                | None                                        | 5 minutes         | Institutional Worker                                          |
| 3.1 None                                                                                                                 | 3.1 Charge admitted procedure through IHOMIS                                                             | Refer to Schedule of Fees on page 38        | 2 minutes         | Radiologic Technologist                                       |
| 4. Wait to be informed by the attending physician regarding the ECG and/or x-ray results                                 | 4. Prepare ECG for reading by internist, and X-ray for reading by Radiologist, encode, and print results | None                                        | 3 minutes         | Radiologic Technologist/<br>Internal Medicine/<br>Radiologist |
| 4.1 None                                                                                                                 | 4.1 File copy of the ECG and/or x-ray results after reading                                              | None                                        | 1 minute          | Radiologic Technologist                                       |
| 4.2 None                                                                                                                 | 4.2 Forward copy of the result to the Ward Nurse Station.                                                | None                                        | 2 minutes         | Radiologic Technologist                                       |
| 4.3 None                                                                                                                 | 4.3 Inform the doctor on duty the availability of result of ECG and/or x-ray                             | None                                        | 3 minutes         | Nurse on duty                                                 |
| 4.4 Receive advice from the attending physician regarding the ECG and/or x-ray results, and necessary medication, if any | 4.4 Inform the patient of the ECG and/or x-ray results, and necessary medication, if any.                | None                                        | 3 minutes         | Attending Physician                                           |
|                                                                                                                          | <b>TOTAL:</b>                                                                                            | <b>Refer to Schedule of Fees on page 38</b> | <b>45 minutes</b> |                                                               |



# **Antipolo City Hospital System – Cabading Medical Social Services External Services**



## 1. AVAILMENT OF MEDICAL ASSISTANCE FROM PCSO THROUGH ONLINE APPLICATION SYSTEM

The ACHS-Cabading assists admitted patients whose hospital bill is beyond the PhilHealth case rate on their requests for Medical assistance from the Philippine Charity Sweepstakes Office (PCSO). The agency issues Guarantee Letter for approved requests. The Guarantee Letter will be submitted to ACHS Cabading-Mayor's Help Desk Section for appropriate action on the patient's hospital bill.

| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                       | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING MAYOR'S HELP DESK SECTION |                                                                                                                                                                                                                                                                              |                 |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                         | Simple                                                             |                                                                                                                                                                                                                                                                              |                 |                    |
| <b>TYPES OF TRANSACTIONS:</b>                                                                                                                                                                                                                                                                                                                                                  | G2C – Government to Citizen; G2G – Government to Government        |                                                                                                                                                                                                                                                                              |                 |                    |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                          | Inpatients                                                         |                                                                                                                                                                                                                                                                              |                 |                    |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                      |                                                                    | WHERE TO SECURE                                                                                                                                                                                                                                                              |                 |                    |
| 1. Promissory Note–Original<br>2. Statement of Account (SOA)–1 printed copy<br>3. Clinical/Medical Abstract–1 certified true copy<br>4. Medical Assistance Program (MAP) Application Form–1 Original<br>6. Valid Govt.-Issued ID of patient (if adult) –1 photocopy<br>7. Birth certificate of patient (if minor)-1 photocopy<br>School ID of patient (if minor) and in school |                                                                    | - Patient / patient's relative/guardian<br>- Billing Section, ACHS Cabading<br>- Medical Records Section<br>- MSS Section, ACHS Cabading<br><br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/ PSN)<br><br>- PSA / Local Civil Registrar's Office |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                   | AGENCY ACTION                                                      | FEES TO BE PAID                                                                                                                                                                                                                                                              | PROCESSING TIME | PERSON RESPONSIBLE |

| <p>1. Submit the following requirements to the Mayor's Help Desk Section:</p> <ul style="list-style-type: none"> <li>- Promissory Note</li> <li>- SOA</li> <li>- Medical Abstract</li> <li>- valid Govt.-issued ID (patient or authorized representative))</li> <li>- Birth certificate or School ID (for minor patients)</li> </ul> <p>1.1 Patient's relative/ runner creates a gmail account and follow the step-by-step procedure in PCSO online application</p> <p>1.2 Wait for the result of application and once download and print the approved Guarantee letter</p> | <p>1. Check the requirements and assess if the patient is qualified to avail.</p>                                      | None            | 10 minutes      |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>1.1 Mayor's Help Desk staff assist the relative/authorized representative in his/her online application to PCSO</p> | None            | 10 minutes      |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>1.2 Assist the client in downloading and printing the approved Guarantee letter</p>                                 | None            | 5 minutes       |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AGENCY ACTION                                                                                                          | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |

## 2. AVAILMENT OF MEDICAL ASSISTANCE TO INDIGENT AND FINANCIALLY INCAPACITATED PATIENT (MAIFIP) PROGRAM

The MAIFIP Program provides support for medicines, medical services, and other medical related needs prescribed by the physician of a health facility for in-patients and out-patients, in excess of the packages / case rates covered by PhilHealth or other financing sources, subject to the availability of funds.

|                                                                                                                                                                                           |                                                                               |                                                                                                                                                                       |                            |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                              | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>MAYOR'S HELP DESK SECTION         |                                                                                                                                                                       |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                    | Simple                                                                        |                                                                                                                                                                       |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                          | G2C – Government to Citizen                                                   |                                                                                                                                                                       |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                     | Outpatients, inpatients and ER patients                                       |                                                                                                                                                                       |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                          |                                                                               | <b>WHERE TO SECURE</b>                                                                                                                                                |                            |                               |
| 1. Medical Certificate/Abstract – 1 certified true copy<br>2. Statement of Account (SOA) – 1 printed copy<br>3. Laboratory requests/prescriptions-1 photocopy<br>4. valid Govt.-issued ID |                                                                               | - Medical Records Section<br>- Billing Section<br>- Laboratory dept. Pharmacy dept.<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/ PSN) |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                       | <b>AGENCY ACTION</b>                                                          | <b>FEES<br/>TO BE<br/>PAID</b>                                                                                                                                        | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the Mayor's Help Desk Section                                                                                                                               | 1. Receive and check the requirements                                         | None                                                                                                                                                                  | 2 minutes                  | Mayor's Help Desk Staff       |
| 2. Obtain recommendation on MAIP grant and provide photocopies of the submitted requirements before discharge of the patient                                                              | 2. Provide recommendation on the grant of MAIFIP and discharge of the patient | None                                                                                                                                                                  | 8 minutes                  | Mayor's Help Desk Staff       |
|                                                                                                                                                                                           | <b>TOTAL:</b>                                                                 | None                                                                                                                                                                  | <b>10 minutes</b>          |                               |



### 3. AVAILMENT OF DISCOUNTS (SENIOR CITIZEN AND PWD)

The Mayor's Help Desk Section of ACHS-Cabading facilitates requests of OPD and ER patients for discount on laboratory, radiology, and ultrasound fees as well as for discounted price of medicines and medical supplies. Discounts may be availed by patients who are less capable to pay depending on their social classification / status.

|                                                                                                                        |                                                                       |                                                                                            |                            |                               |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                           | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>MAYOR'S HELP DESK SECTION |                                                                                            |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                 | Simple                                                                |                                                                                            |                            |                               |
| <b>TYPES OF<br/>TRANSACTION<br/>:</b>                                                                                  | G2C – Government to Citizen                                           |                                                                                            |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                  | ER patients and outpatients of ACHS Cabading                          |                                                                                            |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                       |                                                                       | <b>WHERE TO SECURE</b>                                                                     |                            |                               |
| 1. Doctor's Prescription – Original<br>2. Laboratory Request – Original<br>4. Senior Citizen/PWD ID card – 1 photocopy |                                                                       | - OPD / ER Doctor/Nurse on duty<br>- OPD / ER Doctor/Nurse on duty<br>- OSCA / CSWDO       |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                    | <b>AGENCY ACTION</b>                                                  | <b>FEES TO<br/>BE PAID</b>                                                                 | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the Mayor's Help Desk Section.                                                           | 1. Receive and check the requirements.                                | None                                                                                       | 2 minutes                  | Mayor's Help Desk Staff       |
| 2. Pay the discounted fees to the cashier by showing the Charge Slip.                                                  | 2. Accept the payment based on the discounted Charge Slip.            | Refer to Schedule of Fees prescribed under City Ordinance No. 2018-879, as amended.        | 1 minute                   | Cashier                       |
| 2.1 Secure Official Receipt.                                                                                           | 2.1 Issue the Official Receipt.                                       | None                                                                                       | 2 minutes                  | Cashier                       |
|                                                                                                                        | <b>TOTAL:</b>                                                         | <b>Refer to Schedule of Fees prescribed under City Ordinance No. 2018-879, as amended.</b> | <b>5 minutes</b>           |                               |

#### 4. AVAILMENT OF MEDICAL ASSISTANCE TO ADMITTED OB PATIENTS

The YAKAP Fund provides support for medicines, medical services, and other medical related needs prescribed by the physician of a health facility for in-patient, in excess of the packages / case rates covered by PhilHealth or other financing sources for admitted OB patients.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                            | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>MAYOR'S HELP DESK SECTION |                                                                                                                                                                                         |                    |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                  | Simple                                                                |                                                                                                                                                                                         |                    |                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                        | G2C – Government to Citizen                                           |                                                                                                                                                                                         |                    |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                   | Inpatients                                                            |                                                                                                                                                                                         |                    |                           |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                               |                                                                       | WHERE TO SECURE                                                                                                                                                                         |                    |                           |
| 1. General Intake Sheet<br>2. Letter of Intent<br>3. Medical/Clinical Abstract – Original copy<br>4. Hospital Bill / SOA – 1 printed copy<br>5. Barangay Certificate of Indigency – 1 Original<br>4. Valid Govt.-issued ID– 1 photocopy |                                                                       | - Mayor's Help Desk<br>- Mayor's Help Desk<br>- Ward Nurse<br>- Billing Section<br>- Barangay Hall<br>- BIR, Post Office, DFA, SSS, GSIS, LTO,<br>Pag-IBIG, COMELEC, PSA (Phil ID/ PSN) |                    |                           |
| CLIENT STEPS                                                                                                                                                                                                                            | AGENCY ACTION                                                         | FEES<br>TO BE<br>PAID                                                                                                                                                                   | PROCESSING<br>TIME | PERSON<br>RESPONSIBL<br>E |
| 1. Patient's watcher (relative/guardian) – Submit the requirements to the Mayor's Help Desk Section                                                                                                                                     | 1. Receive and check the requirements                                 | None                                                                                                                                                                                    | 2 minutes          | Mayor's Help Desk Staff   |
| 1.1 Submit to interview                                                                                                                                                                                                                 | 1.1 Interview and assess the client                                   | None                                                                                                                                                                                    | 8 minutes          | Mayor's Help Desk Staff   |
|                                                                                                                                                                                                                                         | <b>TOTAL:</b>                                                         |                                                                                                                                                                                         | <b>10 minutes</b>  |                           |

## 5. ENROLLMENT TO PHILHEALTH POINT OF SERVICE

The Point of Service (POS) refers to the program of the government through which non-PhilHealth-member patients/inactive Philhealth members can be registered thereby providing them immediate entitlement to PhilHealth benefits. POS patients are not yet PhilHealth members and are classified as financially incapable; hence, they shall be registered into the National Health Insurance Program (NHIP).

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                     | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>MAYOR'S HELP DESK SECTION                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                 |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                           | Simple                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                       |                 |                         |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                 | G2C – Government to Citizen                                                                                                                                            |                                                                                                                                                                                                                                                                                                                       |                 |                         |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                            | Inpatients admitted for more than 24 hours                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                 |                         |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        | WHERE TO SECURE                                                                                                                                                                                                                                                                                                       |                 |                         |
| 1. Any government-issued ID card of the PhilHealth member – 1 photocopy (for verification purposes and for submission)<br>2. Birth Certificate (PSA) of an adult patient – 1 photocopy<br>3. Birth Certificate of a minor patient, (PSA/Local BC) – 1 photocopy<br>4. Marriage Certificate, if patient is married – 1 photocopy<br>5. MSWD Assessment Tool– 1 copy<br>6. POS Certification – Original<br>7. PMRF |                                                                                                                                                                        | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/ PSN)<br>- PSA / Local Civil Registrar's Office<br><br>- PSA / Local Civil Registrar's Office<br><br>- PSA / Local Civil Registrar's Office<br><br>- Mayor's Help Desk Section<br>- Mayor's Help Desk Section<br>- Mayor's Help Desk Section |                 |                         |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                                                                     | AGENCY ACTION                                                                                                                                                          | FEES TO BE PAID                                                                                                                                                                                                                                                                                                       | PROCESSING TIME | PERSON RESPONSIBLE      |
| 1. Patient/patient's watcher (relative/guardian) proceed to the Mayor's Help Desk Section of ACHS Cabading for initial interview/verification                                                                                                                                                                                                                                                                    | 1. Conduct initial interview/verification from E-claims portal if the patient is non-member from Philhealth, inactive Philhealth member or an active Philhealth member | None                                                                                                                                                                                                                                                                                                                  | 3 minutes       | Mayor's Help Desk Staff |
| 2. Submit requirements needed for interview.                                                                                                                                                                                                                                                                                                                                                                     | 2. Review the submitted requirements and check for any discrepancy                                                                                                     | None                                                                                                                                                                                                                                                                                                                  | 2 minutes       | Mayor's Help Desk Staff |

|                                                                                                       |                                                                                                                             |      |            |                         |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------|------------|-------------------------|
| 2.1 Supply needed information in filling out the MSWD assessment Tool, POS Registration Slip and PMRF | 2.1 Interview the client for the information needed in filling out the MSWD Assessment Tool, POS Registration Slip and PMRF | None | 15 minutes | Mayor's Help Desk Staff |
| 2.2 Sign/ affix thumbmark once okay.                                                                  | 2.2 Return the filled-out forms to the client for signature/ thumbmark.                                                     | None | 5 minutes  | Mayor's Help Desk Staff |

|                                                                        |                                                                                                                                           |             |                   |                         |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|-------------------------|
| 2.3 Submit the signed documents.                                       | 2.3 Receive the signed documents and explain to the relative/runner the POS program and enroll the patient to POS portal and PHIC IHOMIS. | None        | 3 minutes         | Mayor's Help Desk Staff |
| 3 Received advice as when to return to Mayor's Help Desk office        | 3 Advice relative/runner to return once patient has may go home order                                                                     | None        | 1 minute          | Mayor's Help Desk Staff |
| 4 Submit photocopy of laboratory results of the patient                | 4 Receive the photocopy of laboratory results and generate CF1, CF2 and CSF claims                                                        | None        | 5 minutes         | Mayor's Help Desk Staff |
| 4.1 Receive the CF1, CS2 and CSF claims and let the POS member sign it | 4.1 Give the generated forms to the relative/runner for signature of patient on the CF1, CF2 and CSF claims                               | None        | 5 minutes         | Mayor's Help Desk Staff |
| Return the signed claims                                               | Review the signed claims and SOA and discharge the patient                                                                                | None        | 1 minute          | Mayor's Help Desk Staff |
|                                                                        | <b>TOTAL:</b>                                                                                                                             | <b>None</b> | <b>40 minutes</b> |                         |



# **Antipolo City Hospital System –Cabading Other Ancillary Services External Services**



## 1. ISSUANCE OF MEDICAL CERTIFICATIONS

The Records Department of Antipolo City Hospital System – Cabading facilitates the issuance of Medical Certification for various purposes such as but not limited to the following:

- Clinical/Medical Abstract;
- Certificate of Birth;
- Work, school, financial assistance, record purposes;
- Medico-legal;
- Dead on Arrival (DOA); and
- Certificate of Death.

Clients requesting for medical certification for items c and d above shall submit to medical examination prior to the issuance of medical certification.

|                                  |                                                                |
|----------------------------------|----------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>     | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>RECORDS DEPARTMENT |
| <b>CLASSIFICATION:</b>           | Simple                                                         |
| <b>TYPES OF<br/>TRANSACTION:</b> | G2C – Government to Citizen                                    |
| <b>WHO MAY AVAIL:</b>            | All patients of ACHS Cabading (OPD / ER / Ward)                |

### FOR CLINICAL/MEDICAL ABSTRACT:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                               |                                                                | WHERE TO SECURE                                                                                                                         |                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| 1. Request Form – to be accomplished by the client<br>2. Any government-issued ID card of requester and representative, if any – 1 photocopy each<br>3. Authorization letter – Original |                                                                | - ACHS Cabading Records Department<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br>- Requester |                 |                    |
| CLIENT STEPS                                                                                                                                                                            | AGENCY ACTION                                                  | FEES TO BE PAID                                                                                                                         | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Fill out request form and submit requirements to ACHS Cabading – Records Department                                                                                                  | 1. Receive the requirements and interview the client.          | None                                                                                                                                    | 4 minutes       | Records Clerk      |
| 1.1 None                                                                                                                                                                                | 1.1 Advised patient/relative to proceed to cashier for payment | None                                                                                                                                    | 1 minute        | Records Clerk      |
| 2. Pay the required fees to the cashier                                                                                                                                                 | 2. Accept the payment                                          | Certification fee – PHP 100.00 / copy                                                                                                   | 1 minute        | Cashier            |
| 2.1 Secure Official Receipt.                                                                                                                                                            | 2.1 Issue the Official Receipt.                                | None                                                                                                                                    | 2 minutes       | Cashier            |

|                                                                             |                                                                                                                       |                                              |                   |                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------|-------------------|
| 3. Return to the Records Department and show the Official Receipt.          | 3. Check the Official Receipt, retrieve the Patient's Record from the files and prepare the Clinical/Medical Abstract | None                                         | 6 minutes         | Records Custodian |
| 3.1 None                                                                    | 3.1 Sign the Clinical/Medical Abstract                                                                                | None                                         | 1 minute          | Medical Officer   |
| 3.2 Sign in the Release Log Book and receive the Clinical/Medical Abstract. | 3.2 Request the client to sign in the Release Log Book and issue the Clinical/Medical Abstract.                       | None                                         | 1 minute          | Records Custodian |
| <b>TOTAL:</b>                                                               |                                                                                                                       | <b>Certification fee – PHP 100.00 / copy</b> | <b>18 minutes</b> |                   |

#### FOR MEDICAL CERTIFICATION FOR CERTIFICATE OF BIRTH:

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                    |               | WHERE TO SECURE                                                                                                                                                                                |                 |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| 1. Duly accomplished Certificate of Live Birth (COLB/Form No. 102, revised 2016) – in quadruplicate copies                                                                                                                                                                                                                                                   |               | - Civil Registry Section – City Hall Annex I                                                                                                                                                   |                 |                    |
| 2. Certificate of Marriage of child's parent – 1 photocopy, or<br><br><i>Affidavit of Admission of Paternity – if the child is illegitimate and the father wishes to have his name indicated in the COLB, or</i><br><br><i>Affidavit to Use the Surname of the Father –if the child through his/her mother, chooses to use the surname of his/her father</i> |               | - Philippine Statistics Authority (PSA), or City/Municipal Civil Registrar's Office<br><br>- Notary Public / DFA Consular Office                                                               |                 |                    |
| 3. Any government-issued ID card of parent/s (and representative, if applicable) – Present original and submit 1 photocopy                                                                                                                                                                                                                                   |               | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)                                                                                                             |                 |                    |
| 4. Authorization letter, if applicable                                                                                                                                                                                                                                                                                                                       |               | - Parent/s of the child                                                                                                                                                                        |                 |                    |
| 5. Municipal Form No. 102 – Attachment for Muslim Filipino, if applicable, or<br><br>Form No. 1 – for Indigenous People (IP), if applicable                                                                                                                                                                                                                  |               | - City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth<br><br>- City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                                                                                                 | AGENCY ACTION | FEES TO BE PAID                                                                                                                                                                                | PROCESSING TIME | PERSON RESPONSIBLE |

|                                                                    |                                                  |      |           |               |
|--------------------------------------------------------------------|--------------------------------------------------|------|-----------|---------------|
| 1. Submit the filled-out request form and the requirements to ACHS | 1. Receive the request form and requirements and | None | 5 minutes | Records Clerk |
|--------------------------------------------------------------------|--------------------------------------------------|------|-----------|---------------|

|                                                                                                                           |                                                                                                    |             |                               |                                     |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|-------------------------------|-------------------------------------|
| Cabading – Records Department                                                                                             | advised for attachments                                                                            |             |                               |                                     |
| 1.1 Submit to interview                                                                                                   | 1.1 Interview the client to check correctness of entries in the COLB Form                          | None        | 5 minutes                     | Records Clerk                       |
| 1.2 None                                                                                                                  | 1.2 Review the COLB entries and sign in the space provided for Medical Certification               | None        | 10 minutes                    | Medical Officer concerned           |
| 1.3 None                                                                                                                  | 1.3 Sign the Birth Certificate                                                                     | None        | 2 minute                      | Medical Specialist/ Medical Officer |
| 1.4 Provide contact number and secure a claim stub for the releasing of the COLB                                          | 1.4 Get the client's contact number and issue a claim stub                                         | None        | 3 minutes                     | Records Clerk                       |
| 2. None                                                                                                                   | 2. Submit the COLB Form and other requirements to the City Civil Registrar's Office for processing | None        | 2 hours                       | Civil Registry Staff                |
| 3. On the specified date and time, return to ACHS Cabading – Records Department and show the claim stub to claim the COLB | 3. Receive the claim stub and request the client to sign in the Release Log Book                   | None        | 20 minutes                    | Records Clerk                       |
| 3.1 Sign in the Release Log Book and receive the COLB.                                                                    | 3.1 Issue the registered COLB                                                                      | None        | 5 minutes                     | Records Clerk                       |
|                                                                                                                           | <b>TOTAL:</b>                                                                                      | <b>None</b> | <b>2 hours and 50 minutes</b> |                                     |



**FOR MEDICAL CERTIFICATION FOR WORK, SCHOOL, FINANCIAL ASSISTANCE OR RECORD PURPOSES:**

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                          |                                                      | WHERE TO SECURE                                                                                                                                                                                                               |                 |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| 1. Request Form – to be accomplished by the client<br>2. Any government-issued ID card – 1 photocopy<br><br><i>Only for Financial Assistance or Record Purposes:</i><br>3. Authorization letter – Original<br>4. Any government-issued ID card of the representative – 1 photocopy |                                                      | - ACHS Cabading Records Department<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br><br>- Requester<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                 |                    |
| CLIENT STEPS                                                                                                                                                                                                                                                                       | AGENCY ACTION                                        | FEES TO BE PAID                                                                                                                                                                                                               | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit the requirements to ACHS Cabading – Records Department and submit to interview                                                                                                                                                                                           | 1. Receive the requirements and interview the client | None                                                                                                                                                                                                                          | 4 minutes       | Records Clerk      |
| 1.1 None                                                                                                                                                                                                                                                                           | 1.1 Advised client to proceed to cashier for payment | None                                                                                                                                                                                                                          | 1 minute        | Records Clerk      |
| 2. Pay the required fees to the Cashier                                                                                                                                                                                                                                            | 2. Accept the payment                                | Certification fee – PHP 50.00 /copy for work/ school/record purposes and free or charge for financial assistance purposes                                                                                                     | 1 minute        | Cashier            |
| 2.1 Secure Official Receipt.                                                                                                                                                                                                                                                       | 2.1 Issue the Official Receipt.                      | None                                                                                                                                                                                                                          | 2 minutes       | Cashier            |

|                                                                      |                                                                                          |                                                                             |                   |                                        |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|----------------------------------------|
| 3. Return to the Records Department and show the Official Receipt.   | 3. Check the Official Receipt and prepare the Medical Certificate                        | None                                                                        | 3 minutes         | Records Clerk                          |
| 3.1 None                                                             | 3.1 Sign the Medical Certificate                                                         | None                                                                        | 1 minute          | Medical Specialist/<br>Medical Officer |
| 3.2 Sign in the Release Log Book and receive the Medical Certificate | 3.2 Request the client to sign in the Release Log Book and issue the Medical Certificate | None                                                                        | 2 minutes         | Records Clerk                          |
|                                                                      | <b>TOTAL:</b>                                                                            | <b>Certification fee – PHP 50.00/copy for work/ school/ record purposes</b> | <b>14 minutes</b> |                                        |

**FOR MEDICAL CERTIFICATION FOR MEDICO-LEGAL:**

| CHECKLIST OF REQUIREMENTS                                                                                                                                                               |                                                                                      | WHERE TO SECURE                                                                                                                  |                   |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| 1. Request Form – to be accomplished by the client<br>2. Any government-issued ID card of requester and representative, if any – 1 photocopy each<br>3. Authorization letter – Original |                                                                                      | - ACHS Cabading Records Department<br>-BIR, Post Office, DFA, SSS,GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN)<br>- Requester |                   |                    |
| CLIENT STEPS                                                                                                                                                                            | AGENCY ACTION                                                                        | FEES TO BE PAID                                                                                                                  | PROCESSING TIME   | PERSON RESPONSIBLE |
| 1. Submit the requirements to ACHS Cabading – Records Department.                                                                                                                       | 1. Receive the requirements and interview the client.                                | None                                                                                                                             | 4 minutes         | Records Clerk      |
| 1.1 None                                                                                                                                                                                | 1.1 Advise client to proceed to cashier for payment                                  | None                                                                                                                             | 1 minute          | Records Clerk      |
| 2. Pay the required fees to the Cashier                                                                                                                                                 | 2. Accept the payment                                                                | Certification fee – PHP 150.00/ copy                                                                                             | 1 minute          | Cashier            |
| 2.1 Secure Official Receipt.                                                                                                                                                            | 2.1 Issue the Official Receipt.                                                      | None                                                                                                                             | 2 minutes         | Cashier            |
| 3. Return to the Records Department and show the Official Receipt                                                                                                                       | 3. Check the Official Receipt and prepare the Medico-legal Certificate               | None                                                                                                                             | 3 minutes         | Records Clerk      |
| 3.1 None                                                                                                                                                                                | 3.1 Sign the Medico-legal Certificate                                                | None                                                                                                                             | 1 minute          | Medical Officer    |
| 3.2 Sign in the Release Log Book and receive the Medico-legal Certificate                                                                                                               | Request the client to sign in the Release Log Book and issue the Medical Certificate | None                                                                                                                             | 2 minutes         | Records Clerk      |
|                                                                                                                                                                                         | <b>TOTAL:</b>                                                                        | <b>Certification fee – PHP 150.00/ copy</b>                                                                                      | <b>14 minutes</b> |                    |

**FOR MEDICAL CERTIFICATION FOR DEAD ON ARRIVAL (DOA):**

| CHECKLIST OF REQUIREMENTS                                                                                                                                                                     |               | WHERE TO SECURE                                                                                                                         |                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| 1. Request Form – to be accomplished by the client<br>2. Any government-issued ID card of requester and representative, if any – 1 photocopy each<br>3. Authorization letter – Original<br>4. |               | - ACHS Cabading Records Department<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)<br>- Requester |                 |                    |
| CLIENT STEPS                                                                                                                                                                                  | AGENCY ACTION | FEES TO BE PAID                                                                                                                         | PROCESSING TIME | PERSON RESPONSIBLE |

|                                                                       |                                                                                           |      |            |                 |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------|------------|-----------------|
| 1. Submit the requirements to ACHS Cabading – Records Department      | 1. Receive the requirements and interview the client.                                     | None | 5 minutes  | Records Clerk   |
| 2. None                                                               | 2. Prepare the Medical Certificate                                                        | None | 3 minutes  | Records Clerk   |
| 2.1 None                                                              | 2.1 Sign the Medical Certificate                                                          | None | 1 minute   | Medical Officer |
| 2.2 Sign in the Release Log Book and receive the Medical Certificate. | 2.2 Request the client to sign in the Release Log Book and issue the Medical Certificate. | None | 2 minutes  | Records Clerk   |
| TOTAL:                                                                |                                                                                           | None | 11 minutes |                 |

**FOR MEDICAL CERTIFICATION FOR CERTIFICATE OF DEATH:**

| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                        |                                                                                          | <b>WHERE TO SECURE</b>                                                                                                                |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| 1. Request Form – to be accomplished by the client<br>2. Any government-issued ID card of requester and representative, if any – 1 photocopy each<br>3. Authorization letter – Original |                                                                                          | - ACHS Cabading Records Department<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br>- Requester |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                     | <b>AGENCY ACTION</b>                                                                     | <b>FEES TO BE PAID</b>                                                                                                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit the requirements to ACHS Cabading – Records Department.                                                                                                                       | 1. Receive the requirements and interview the client.                                    | None                                                                                                                                  | 10 minutes             | Records Clerk             |
| 2. None                                                                                                                                                                                 | 2. Prepare the Death Certificate                                                         | None                                                                                                                                  | 5 minutes              | Records Clerk             |
| 2.1 Sign in the Release Log Book and receive the Medical Certificate                                                                                                                    | 2.1 Request the client to sign in the Release Log Book and issue the Medical Certificate | None                                                                                                                                  | 2 minutes              | Records Clerk             |
|                                                                                                                                                                                         | <b>TOTAL:</b>                                                                            | <b>None</b>                                                                                                                           | <b>17 minutes</b>      |                           |

## 2. PHARMACY SERVICES

There are medicines and medical supplies readily available at the Pharmacy Department of Antipolo City Hospital System (ACHS) - Cabading which may be availed by all patients of the hospital subject to payment of corresponding fees.

|                                                                                                                                                                                                          |                                                                 |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|--|
| OFFICE/<br>DIVISION:                                                                                                                                                                                     | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>PHARMACY DEPARTMENT |                                                        |  |
| CLASSIFICATION:                                                                                                                                                                                          | Simple                                                          |                                                        |  |
| TYPES OF<br>TRANSACTION:                                                                                                                                                                                 | G2C – Government to Citizen                                     |                                                        |  |
| WHO MAY AVAIL:                                                                                                                                                                                           | Out-patients, in-patients and emergency room patients           |                                                        |  |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                |                                                                 | WHERE TO SECURE                                        |  |
| 1. Prescription issued by the attending physician<br><br><i>If indigent, senior citizen, PWD or 4P's beneficiary:</i><br>2. Barangay Certificate of Indigency<br>3. Senior Citizen / PWD / 4P's ID card\ |                                                                 | - ACHS Cabading OPD / ER / Ward<br>Department          |  |
| 4. Medical Certificate                                                                                                                                                                                   |                                                                 | - Barangay Hall<br>- OSCA / CSWDO<br>- Medical Records |  |

### FOR OUT-PATIENTS AND ER PATIENTS:

| CLIENT STEPS                                                                                                                                             | AGENCY ACTION                                                                                                                | FEES TO<br>BE PAID                           | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|-----------------------|
| 1. Show the Prescription to the Pharmacist on duty.                                                                                                      | 1. Receive the Prescription and check available medicines/medical supplies on stock.                                         | None                                         | 3 minutes          | Pharmacist            |
| 1.1 Secure Charge Slip.                                                                                                                                  | 1.1 Issue the Charge Slip.                                                                                                   | None                                         | 1 minute           | Pharmacist            |
| * In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to the Medical Social Service Section for interview and classification. | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification/status. | None                                         | 10 minutes         | Social Worker         |
| 2. Pay the required fees to the Cashier by showing the Charge Slip.                                                                                      | 2. Accept the payment based on the Charge Slip.                                                                              | Refer to Schedule of Fees on pages 54 to 63. | 1 minute           | Cashier               |
| 2.1 Secure Official Receipt.                                                                                                                             | 2.1 Issue the Official Receipt.                                                                                              | None                                         | 2 minutes          | Cashier               |
| 3. Return to the Pharmacy Department and show the Official Receipt                                                                                       | 3. Check the Official Receipt                                                                                                | None                                         | 1 minute           | Pharmacist            |
|                                                                                                                                                          | 3.1 Issue medicines and or medical supplies.                                                                                 | None                                         | 3 minutes          | Pharmacist            |

|                                                  |               |                                                     |                   |  |
|--------------------------------------------------|---------------|-----------------------------------------------------|-------------------|--|
| 3.1 Claim the medicines and or medical supplies. |               |                                                     |                   |  |
|                                                  | <b>TOTAL:</b> | <b>Refer to Schedule of Fees on pages 54 to 63.</b> | <b>21 minutes</b> |  |

#### FOR IN-PATIENTS:

The Nurse-on-Duty facilitates the request on iHomis for medicines and or medical supplies to be consumed by in-patients. The quantity of medicines and or medical supplies shall be good for 12 hours. Fees to be paid shall be covered by Charge Slip/s which shall be attached to the hospital bill.

| CLIENT STEPS | AGENCY ACTION                                                                                                                                                         | FEES TO BE PAID                                      | PROCESSING TIME               | PERSON RESPONSIBLE        |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------|---------------------------|
| 1. None      | 1. The Nurse on Duty facilitates the request of medicines and medical supply using IHOMIS. 2 copies will be printed for pharmacy dispensing and nurses receiving copy | None                                                 | 1hr and 30 minutes            | Nurse on duty             |
| 2. None      | 2. Prepare the available medicines/medical supplies                                                                                                                   | None                                                 | 45 minutes                    | Pharmacist                |
| 2.1 None     | 2.1 Issuance of medicine and medical supplies on iHomis.                                                                                                              | Refer to Schedule of Fees on pages 60-69.            | 30 minutes                    | Pharmacist                |
| 2.2 None     | 2.2. Deliver the medicines/medical supplies to the Ward Nurse Station.                                                                                                | None                                                 | 15 minutes                    | Pharmacist                |
| 3. None      | 3. Check all the medicines/medical supplies delivered at the Nurse Station                                                                                            | None                                                 | 15 minutes                    | Pharmacist/ Nurse on duty |
| 3.1 None     | 3.1 Acknowledge receipt by signing on the printed copies provided.                                                                                                    | None                                                 | 1 minute                      | Nurse on duty             |
|              | <b>TOTAL:</b>                                                                                                                                                         | <b>Refer to the Schedule of Fees on pages 60-69.</b> | <b>3 hours and 16 minutes</b> |                           |

### PRICE LIST OF MEDICINES AND SUPPLIES

| FLUIDS & ELECTROLYTES                          | PRICE  |
|------------------------------------------------|--------|
| D5 IMB 500cc                                   | 95.00  |
| D5 LR 500cc                                    | 107.00 |
| D5 LR 1L                                       | 100.00 |
| D5 0.3 NaCl 500cc                              | 95.00  |
| D5 0.3 NaCl 1L                                 | 100.00 |
| D5 0.9 NaCl 1L (D5 NSS 1L)                     | 90.00  |
| D5 NM 500cc                                    | 95.00  |
| D5 NM 1L                                       | 100.00 |
| D5 Water 500cc                                 | 98.00  |
| D5 Water 1L                                    | 100.00 |
| D10 Water 500cc                                | 69.00  |
| Mannitol 20% 500cc                             | 350.00 |
| Plain LR 500cc                                 | 60.00  |
| Plain LR 1L                                    | 71.00  |
| Plain NSS 500cc (0.9% NaCl)                    | 62.00  |
| Plain NSS 1L (0.9% NaCl)                       | 68.00  |
| Plain NSS 1L (0.9% NaCl) Sol'n for Irrigation  | 85.00  |
| Plain NSS 50ML (0.9% NaCl)                     | 45.00  |
| Hydroxyethyl starch 6% soln for infusion 500ml | 780.00 |
| Sterile Water for Injection 50ml               | 56.00  |



| <b>DRUGS &amp; MEDICINES : ORALS</b>                             | <b>PRICE</b> |
|------------------------------------------------------------------|--------------|
| Acetylcysteine 100mg sachet                                      | 9.00         |
| Acetylcysteine 600mg effervescent tab                            | 27.00        |
| Aluminum Hydroxide+Magnesium Hydroxide 225mg+200mg/5ml Susp 60ml | 62.00        |
| Amlodipine besilate 5mg tab                                      | 4.00         |
| Amlodipine besilate 10mg tab                                     | 4.00         |
| Amoxicillin drops 100mg/ml susp 15ml                             | 35.00        |
| Amoxicillin 250mg/5ml susp 60ml                                  | 90.00        |
| Amoxicillin 500mg cap                                            | 4.00         |
| Ascorbic Acid drops 100mg/ml 15ml                                | 37.00        |
| Ascorbic Acid 100mg/5ml syr 60ml                                 | 49.00        |
| Ascorbic Acid 500mg blister pack tab                             | 2.00         |
| Atorvastatin 10mg tab                                            | 9.00         |
| Atorvastatin 20mg tab                                            | 9.00         |
| Atorvastatin 40mg tab                                            | 9.00         |
| Atorvastatin 80mg tab                                            | 20.00        |
| Azithromycin 200mg/5ml susp 15ml                                 | 386.00       |
| Azithromycin 500mg tab                                           | 101.00       |
| Betahistine 16mg tab                                             | 26.00        |
| Betahistine 24mg tab                                             | 40.00        |
| Bisacodyl 5mg tab                                                | 9.00         |
| Bisacodyl 10mg suppository                                       | 79.00        |
| Budesonide + Formoterol 160mcg/4.5mcgx60 doses DPI               | 1,077.00     |
| Butamirate Citrate 50mg tab                                      | 15.00        |
| Calcium Carbonate + Cholecalciferol 600mg/400 IU tab             | 6.00         |
| Captopril 25mg tab                                               | 2.00         |
| Carvedilol 6.25mg tab                                            | 5.00         |
| Carvedilol 25mg tab                                              | 10.00        |
| Cefalexin drops 100mg/ml 10ml                                    | 39.00        |
| Cefalexin 250mg/5ml susp 60ml                                    | 58.00        |
| Cefixime 20mg/ml susp 10ml                                       | 204.00       |
| Cefixime 100mg/5ml susp 60ml                                     | 220.00       |
| Cefuroxime 500mg tab                                             | 22.00        |
| Celecoxib 200mg cap                                              | 9.00         |

|                                              |        |
|----------------------------------------------|--------|
| Cetirizine drops 10mg/ml 10ml                | 70.00  |
| Cetirize 5mg/5ml syr 30ml                    | 97.00  |
| Ciprofloxacin 500mg tab                      | 19.00  |
| Clarithromycin 125mg/5ml susp 50ml           | 220.00 |
| Clarithromycin 250mg/5ml susp 50ml           | 650.00 |
| Clindamycin 75mg/5ml susp 60ml               | 389.00 |
| Clindamycin 300mg cap                        | 35.00  |
| Cilostazol 50mg tab                          | 12.00  |
| Clonidine 75mcg tab                          | 52.00  |
| Cloxacillin 250mg/5ml susp 60ml              | 44.00  |
| Co-amoxiclav 625mg tab                       | 14.00  |
| Dicycloverine 10mg/5ml syr 60ml              | 67.00  |
| Digoxin 250mcg tab                           | 7.00   |
| Diphenhydramine HCl 50mg cap                 | 3.00   |
| Domperidone 10mg tab                         | 14.00  |
| Doxycycline 100mg                            | 12.00  |
| Dydrogesterone 10mg tab                      | 89.00  |
| Eperisone HCl 50mg tab                       | 27.00  |
| Ferrous Sulfate 325mg tab                    | 2.00   |
| Ferrous Sulfate 44mg/5ml syrup 60ml          | 29.00  |
| Ferrous Sulfate 75mg/0.6ml drops 15ml        | 25.00  |
| Ferrous Sulfate + Folic Acid 60mg/400mcg tab | 3.00   |
| Finasteride 5mg tab                          | 11.00  |
| Fluconazole 150mg cap                        | 235.00 |
| Fluconazole 50mg cap                         | 80.00  |
| Fluconazole 200mg cap                        | 398.00 |
| Folic Acid 5mg cap                           | 5.00   |
| Furosemide 40mg tab                          | 6.00   |
| Gliclazide 30mg tab                          | 6.00   |
| Gliclazide 60mg tab                          | 11.00  |
| Hyoscine-N-butylbromide 10mg tab             | 5.00   |
| Hydrochlorothiazide 25mg                     | 3.00   |
| Ibuprofen 200mg tab                          | 3.00   |
| Ibuprofen 400mg tab                          | 3.00   |
| Irbesartan 150mg tablet                      | 9.00   |
| Irbesartan 300mg tablet                      | 8.00   |

|                                         |        |
|-----------------------------------------|--------|
| Isoxsuprine HCl 10 mg Tablet            | 15.00  |
| Lactulose 3.3g/5ml syr 120ml            | 190.00 |
| Levofloxacin 500mg tab                  | 36.00  |
| Levofloxacin 750mg tab                  | 58.00  |
| Loratadine 10 mg Tablet                 | 6.00   |
| Losartan 50mg tab                       | 4.00   |
| Losartan 100mg tab                      | 6.00   |
| Mefenamic acid 500mg cap                | 8.00   |
| Medroxyprogesterone 10mg tab            | 82.00  |
| Metformin 500mg tab                     | 12.00  |
| Methyldopa 250mg                        | 15.00  |
| Methylprednisolone 4mg tab              | 10.00  |
| Metoclopramide 10mg tab                 | 4.00   |
| Metoprolol 50mg tab                     | 3.00   |
| Metronidazole 500mg tab                 | 15.00  |
| Montelukast 10mg tab                    | 11.00  |
| Multivitamins per 1ml drops 15ml        | 58.00  |
| Multivitamins for adult cap             | 4.00   |
| Nifedipine 10mg cap                     | 7.00   |
| Oral Rehydration Salts 5.575g sachet    | 5.00   |
| Paracetamol 500mg tab                   | 2.00   |
| Prednisone 20 mg Tablet                 | 2.00   |
| Potassium citrate 1080mg tab            | 11.00  |
| Povidone-Iodine 1% oral antiseptic 60ml | 89.00  |
| Propylthiouracil 50mg tab               | 13.00  |
| Propranolol 10mg tab                    | 6.00   |
| Rosuvastatin 10mg tab                   | 8.00   |
| Rosuvastatin 20mg tab                   | 12.00  |
| Sambong 500mg tab                       | 6.00   |
| Sertraline 50mg tab                     | 7.00   |
| Simvastatin 20mg tab                    | 6.00   |
| Simvastatin 40mg tab                    | 6.00   |
| Sodium Bicarbonate 650mg tab            | 3.00   |
| Spironolactone 25mg tab                 | 21.00  |
| Tamsulosin 400mcg tab                   | 18.00  |
| Telmisartan 40 mg Tablet                | 17.00  |

|                                  |       |
|----------------------------------|-------|
| Thiamazole (Methimazole) 5mg tab | 9.00  |
| Tramadol 50mg cap                | 4.00  |
| Tranexamic acid 500mg tab        | 5.00  |
| Trimetazidine 35mg tab           | 8.00  |
| Ursodeoxycholic acid 250mg cap   | 38.00 |
| Valsartan 80mg tab               | 11.00 |
| Vitamin B-Complex tab            | 11.00 |
| Warfarin 2.5mg tab               | 20.00 |
| Warfarin 5mg tab                 | 29.00 |
| Zinc 27.5mg/ml drops 15ml        | 65.00 |
| Zinc 55mg/5ml syr 60ml           | 85.00 |

| <b>DRUGS &amp; MEDICINES : INJECTABLES</b>           | <b>PRICE</b> |
|------------------------------------------------------|--------------|
| Amikacin Sulfate 125mg/ml 2ml (250mg/2ml)            | 74.00        |
| Amino acid sol'n for infants 6% 100ml                | 492.00       |
| Aminophylline 25mg/ml 10ml                           | 45.00        |
| Amphotericin B 50mg non-lipid complex                | 3,300.00     |
| Ampicillin 500mg                                     | 54.00        |
| Ampicillin + Sulbactam 750mg                         | 249.00       |
| Atracurium besylate 25mg/2.5ml                       | 227.00       |
| Atropine Sulfate 1mg/ml 1ml                          | 112.00       |
| ATS 1500IU/0.7ml                                     | 135.00       |
| Benzylpenicillin 1M IU                               | 22.00        |
| Bupivacaine HCl 0.5% Heavy 4ml                       | 900.00       |
| Butorphanol 2mg/ml 1ml                               | 508.00       |
| Carbetocin 100mcg/ml 1ml                             | 1,320.00     |
| Carboprost trometamol 125mcg/0.5ml 1ml               | 278.00       |
| Carboprost trometamol 250mcg/ml 1ml                  | 500.00       |
| Cefazolin 1g                                         | 232.00       |
| Ceftazidime 1g                                       | 210.00       |
| Ceftriaxone 1g                                       | 368.00       |
| Cefotaxime, 500mg                                    | 698.00       |
| Cefuroxime 750mg                                     | 88.00        |
| Ciprofloxacin 2mg/ml, 100ml IV Solution for Infusion | 280.00       |
| Clindamycin 600mg/4ml                                | 330.00       |
| Clindamycin 300mg/2ml                                | 198.00       |
| Clonidine HCl 150mcg/ml 1ml                          | 168.00       |
| D50% 50ml                                            | 78.00        |
| Dexamethasone 4mg/ml 2ml                             | 69.00        |
| Digoxin 250mcg/ml 2ml                                | 200.00       |
| Diphenhydramine HCl 50mg/ml 1ml                      | 98.00        |
| Dobutamine HCl 250mg/5ml                             | 150.00       |
| Dopamine 40mg/ml 5ml (200mg/5ml)                     | 147.00       |
| Enoxaparin Na 40mg/ml 0.4ml PFS                      | 794.00       |
| Enoxaparin Na 60mg/ml 0.6ml PFS                      | 778.00       |
| Epinephrine HCl 1mg/ml 1ml                           | 29.00        |
| Epoietin Alfa                                        | 553.00       |

|                                                                        |          |
|------------------------------------------------------------------------|----------|
| Furosemide 10mg/ml 2ml                                                 | 15.00    |
| Gentamicin Sulfate 40mg/ml 2ml                                         | 16.00    |
| Heparin 1000 IU/ml 5ml Sol'n for Inj                                   | 130.00   |
| Heparin 5000 IU/ml 5ml Sol'n for Inj                                   | 500.00   |
| Hydralazine HCl 20mg/ml 1ml                                            | 125.00   |
| Hydrocortisone Na 100mg                                                | 149.00   |
| Hydrocortisone Na 250mg                                                | 240.00   |
| Hyoscine N-butyl bromide 20mg/ml                                       | 57.00    |
| Insulin Biphasic Isophane Human 70/30 (Recombinant DNA) 100 IU/ml 10ml | 580.00   |
| Insulin Regular (Recombinant DNA, human) 100 IU/ml 10ml                | 470.00   |
| Isoflurane 100ml                                                       | 2,495.00 |
| Isoxsuprine HCl 10mg/2ml                                               | 216.00   |
| Ketorolac trometamol 30mg/ml 1ml                                       | 27.00    |
| Levofloxacin 5mg/ml 100ml                                              | 965.00   |
| Lidocaine HCl 2% 50ml                                                  | 61.00    |
| Lidocaine HCl with Epinephrine 1:100,000 inj 1.8ml                     | 35.00    |
| Magnesium Sulfate 250mg/ml 20ml                                        | 55.00    |
| Methylergometrine maleate 200mcg/ml 1ml                                | 89.00    |
| Methylprednisolone 40mg (Single Dose)                                  | 600.00   |
| Meropenem 500mg                                                        | 550.00   |
| Meropenem 1g                                                           | 850.00   |
| Metoclopramide HCl 5mg/ml 2ml                                          | 30.00    |
| Metronidazole 500mg/100ml                                              | 79.00    |
| Naloxone 400mcg/ml 1ml                                                 | 272.00   |
| Neostigmine 500mcg/ml 1ml                                              | 124.00   |
| Nicardipine HCl 10mg/10ml                                              | 420.00   |
| Nitroglycerin 1mg/ml, 10ml                                             | 216.00   |
| Omeprazole 40mg                                                        | 240.00   |
| Oxacillin Na 500mg                                                     | 90.00    |
| Oxytocin 10 IU/ml                                                      | 285.00   |
| Paracetamol 10mg/ml 100ml                                              | 200.00   |
| Paracetamol 300mg/2ml                                                  | 14.00    |
| Paracetamol 125mg suppository                                          | 55.00    |
| Paracetamol 250mg suppository                                          | 49.00    |
| Piperacillin + Tazobactam 2.25g                                        | 298.00   |

|                                                         |           |
|---------------------------------------------------------|-----------|
| Piperacillin + Tazobactam 4.5g                          | 450.00    |
| Potassium Chloride 2mEq/ml 20ml                         | 53.00     |
| Propofol 10mg/ml 20ml                                   | 513.00    |
| Ranitidine HCl 25mg/ml 2ml                              | 26.00     |
| Rocuronium 10mg/ml 5ml                                  | 288.00    |
| Sevoflurane 250ml                                       | 10,995.00 |
| Sodium Bicarbonate 8.4% 1mEq/ml 50ml                    | 165.00    |
| Succinylcholine Chloride(Suxamethonium)<br>20mg/ml 10ml | 587.00    |
| Terbutaline SO4 500mcg/ml 1ml                           | 98.00     |
| Tetanus Toxoid 40 IU/0.5ml                              | 100.00    |
| Tramadol HCl 50mg/ml                                    | 34.00     |
| Tranexamic Acid 100mg/ml 5ml                            | 100.00    |
| Vancomycin 1G                                           | 1,400.00  |
| Vancomycin 500mg                                        | 995.00    |
| Vitamin B-Complex 3ml                                   | 35.00     |
| Vit. K 10mg/ml (Phytomenadione)                         | 44.00     |

| <b>DRUGS &amp; MEDICINES : E-CART<br/>MEDICINES, INJECTABLES</b> | <b>PRICE</b> |
|------------------------------------------------------------------|--------------|
| Adenosine 3mg/ml 2ml                                             | 1,200.00     |
| Amiodarone 50mg/ml 3ml                                           | 460.00       |
| Calcium Gluconate 10% 10ml                                       | 119.00       |
| Haloperidol 5mg/ml 1ml                                           | 729.00       |
| Iron Sucrose 20mg/ml 5ml                                         | 198.00       |
| Lidocaine 10% spray 50ml                                         | 2,707.00     |
| Norepinephrine 1mg/ml 4ml                                        | 210.00       |
| Phenytoin 50mg/ml 2ml                                            | 678.00       |
| Verapamil HCl 2.5mg/ml 2ml                                       | 90.00        |
|                                                                  |              |
| <b>DRUGS &amp; MEDICINES : E-CART<br/>MEDICINES, ORAL</b>        | <b>PRICE</b> |
| Activated Charcoal sachet                                        | 148.00       |

|                                                                     |              |
|---------------------------------------------------------------------|--------------|
| Aspirin 80mg blister pack tab                                       | 2.00         |
| Clopidogrel 75mg tab                                                | 13.00        |
| Dexamethasone 4mg                                                   | 24.00        |
| Isosorbide Dinitrate 5mg tab                                        | 18.00        |
| Isosorbide Mononitrate 30mg tab                                     | 7.00         |
| Isosorbide Mononitrate 60mg tab                                     | 10.00        |
|                                                                     |              |
| <b>DRUGS &amp; MEDICINES :<br/>OPHTHALMOLOGY MEDICINES</b>          | <b>PRICE</b> |
| Erythromycin Eye Ointment 0.5% 3.5g                                 | 138.00       |
| Hypromellose Eye Drops Sol'n 5mg/ml 10ml                            | 295.00       |
| Moxifloxacin 5mg/ml Ophthalmic Sol'n 5ml                            | 493.00       |
| Sodium Hyaluronate Ophthalmic Sol'n 1mg/ml 5ml                      | 154.00       |
| Timolol Eye Drops 0.5% 5ml                                          | 380.00       |
| Tobramycin Eye Drops 0.3% 5ml                                       | 320.00       |
| Tobramycin + Dexamethasone Eye Drops 0.3%+0.1% 5ml                  | 220.00       |
| Tropicamide 0.5% Eye Drops Sol'n 5ml                                | 500.00       |
| Proparacaine HCl 1.5% Eye Drops 0.3%+0.1% 5ml                       | 500.00       |
| Tropicamide with Phenylephrine HCl 5mg/5mg/ml Ophthalmic Sol'n 10ml | 900.00       |
| Lidocaine HCl 2% Sol'n for inj 5ml 50's                             | 26.00        |
| Carbachol Intraocular Sol'n 0.01% 1.5ml                             | 500.00       |
| Intraocular Irrigating Sol'n (BSS) 500ml                            | 390.00       |
| Prednisolone Acetate Ophthalmic Susp 1% 5ml                         | 200.00       |
|                                                                     |              |
| <b>Peritoneal Dialysis Fluids</b>                                   | <b>PRICE</b> |
| Peritoneal Dialysis Solution with 1.5% Dextrose 2000ML              | 300.00       |
| Peritoneal Dialysis Solution with 4.25% Dextrose 2000ML             | 300.00       |
| Peritoneal Dialysis Solution with 2.3% Dextrose 2000ML              | 300.00       |
|                                                                     |              |
| <b>Regulated Drugs</b>                                              | <b>PRICE</b> |
| Diazepam 5mg/ml 2ml                                                 | 156.00       |
| Ephedrine Sulfate 50mg/ml 1ml                                       | 117.00       |
| Fentanyl Citrate 50mcg/ml 2ml                                       | 374.00       |



|                                                                          |              |
|--------------------------------------------------------------------------|--------------|
| Ketamine HCl 50mg/ml 10ml                                                | 1,950.00     |
| Midazolam 5mg/ml 1ml                                                     | 157.00       |
| Morphine Sulfate 10mg/ml 1ml                                             | 104.00       |
| Nalbuphine HCl 10mg/ml 1ml                                               | 112.00       |
| Phenobarbital Na 130mg/ml                                                | 158.00       |
|                                                                          |              |
| <b>DRUGS &amp; MEDICINES : COVID MEDS,<br/>ORALS</b>                     | <b>PRICE</b> |
| Budesonide 200mcg/dose x 100 doses MDI                                   | 1,300.00     |
| Cefixime 200mg cap                                                       | 31.00        |
| Cetirizine 10mg tab                                                      | 27.00        |
| Lagundi 600mg tab                                                        | 4.00         |
| Lagundi 300mg/5ml syrup 60ml                                             | 79.00        |
| Levofloxacin 500mg tab,                                                  | 36.00        |
| Loperamide HCl 2mg cap                                                   | 3.00         |
| Omeprazole 40mg cap                                                      | 48.00        |
| Paracetamol 100mg/ml drops 15ml                                          | 38.00        |
| Paracetamol 250mg/5ml syrup 60ml                                         | 48.00        |
| Potassium Chloride 600mg tab                                             | 15.00        |
| Salbutamol Sulfate 100mcg/dose x 200 doses MDI                           | 132.00       |
| Salbutamol Sulfate + Ipratropium Bromide<br>100mcg/20mcg x 200 doses MDI | 938.00       |
| Salmeterol + Fluticasone Propionate<br>25mcg/125mcg x 120 doses MDI      | 390.00       |
| Salmeterol + Fluticasone Propionate<br>25mcg/250mcg x 120 doses MDI      | 518.00       |

| <b>OINTMENTS AND NEBULES</b>                      | <b>PRICE</b> |
|---------------------------------------------------|--------------|
| Betamethasone ointment 0.1% 5g                    | 51.00        |
| Budesonide 250mcg/ml 2ml                          | 63.00        |
| Clobetasol cream 0.05% 5g                         | 145.00       |
| Ipratropium Br + Salbutamol 500mcg+2.5mg<br>2.5ml | 26.00        |
| Ketoconazole 2% 10g                               | 115.00       |
| Mupirocin Ointment 2% 5g                          | 135.00       |
| Salbutamol neb 1mg/ml, 2.5ml                      | 12.00        |
| Silver Sulfadiazine 1% 500g                       | 930.00       |
| Silver Sulfadiazine 1% Cream 25g                  | 120.00       |

| SUPPLIES         | PRICE      | SUPPLIES          | PRICE      |
|------------------|------------|-------------------|------------|
| Applicator stick | PHP 15.00  | IV cath any gauze | PHP 100.00 |
| Arm sling        | PHP 100.00 | Macroset          | PHP 100.00 |
| Asepto syringe   | PHP 50.00  | Microset          | PHP 100.00 |
| BT set           | PHP 100.00 | NEB kit           | PHP 100.00 |
| Chromic          | PHP 130.00 | NGT               | PHP 100.00 |
| CS Kit           | PHP 550.00 | Nylon             | PHP 485.00 |
| Cord clamp       | PHP 20.00  | NSD KIT           | PHP 513.50 |
| Elastic bandage  | PHP 75.00  | Oxygen canula     | PHP 100.00 |
| ET tube          | PHP 150.00 | Oxygen mask       | PHP 195.00 |
| Feeding tube     | PHP 100.00 | Silk              | PHP 170.00 |
| Foley cath       | PHP 105.00 | Suction catheter  | PHP 50.00  |
| Gauze pad        | PHP 15.00  | Surgical blade    | PHP 350.00 |
| Gloves           | PHP 30.00  | Syringes          | PHP 10.00  |

|                   |            |                   |            |
|-------------------|------------|-------------------|------------|
| Heplock           | PHP 35.00  | Urine bag - adult | PHP 50.00  |
| IV cath any gauze | PHP 100.00 | Urine bag – pedia | PHP 10.00  |
| Macroset          | PHP 100.00 | Vicryl            | PHP 350.00 |
| Microset          | PHP 100.00 | Viva check        | PHP 75.00  |

### 3. PHILHEALTH SERVICES

The Department for processing of Philhealth claims of Antipolo City Hospital System (ACHS) - Cabading assist active PhilHealth members to access comprehensive Philhealth package of services including inpatient care, catastrophic coverage, ambulatory surgeries and deliveries.

After discharge, the Philhealth member will wait for 72 working days to receive a Notice of Payment (NOP) from Philhealth Office. Once received, they will then return to ACHS-Cabading to secure a Certification of PhilHealth Refund and Statement of Accumulated Charges / PhilHealth Reimbursement.

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                          | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING<br>PHILHEALTH DEPARTMENT                                                                                                  |                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                | Simple                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                      | G2C – Government to Citizen                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                 | In-patients                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                          |                        |                           |
| 1. Any Government-issued ID card – 1 photocopy<br>2. Certificate of Birth / Marriage – 1 photocopy<br>3. Checking of Updated Contribution online and status<br>4. Philhealth Eligibility Form (PBEF)<br>5. Claim Signature Form (CSF) and Claim Form 2 (CF2) for members<br>6. PhilHealth Registration Form (PMRF) - to be accomplished by the client |                                                                                                                                                                    | - BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)<br>- Philippine Statistics Authority (PSA) / City Civil Registrar's Office<br>- Philhealth Member Portal<br>- ACHS Cabading Mayor's Help Desk Department<br>- PhilHealth Department<br>- PhilHealth Department |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                   | <b>AGENCY ACTION</b>                                                                                                                                               | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                          | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Submit one (1) government-issued ID card.                                                                                                                                                                                                                                                                                                          | 1. Verify thru E-claims portal if the Patient/Member is an active Philhealth member. Issue a Philhealth Eligibility Form (PBEF) and endorse to Philhealth Section. | None                                                                                                                                                                                                                                                                                            | 1 minute               | Mayor's Help Desk Clerk   |
| 1.1 Submit to interview                                                                                                                                                                                                                                                                                                                               | 1.1 Receive the (PBEF) and ID card to check and interview client to give the list for necessary documents to submit in order to avail Philhealth claims            | None                                                                                                                                                                                                                                                                                            | 1 minute               | PhilHealth Clerk          |
| 1.2 Secure PMRF and submit Birth Certificate or Marriage Contract if dependent Patients                                                                                                                                                                                                                                                               | 1.2 Issue PMRF to accomplished by client                                                                                                                           | None                                                                                                                                                                                                                                                                                            | 1 minute               | PhilHealth Clerk          |

|                                 |                                                              |      |           |                  |
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| 2. Submit the accomplished PMRF | 2. Review the received duly accomplished forms together with | None | 2 minutes | PhilHealth Clerk |
|---------------------------------|--------------------------------------------------------------|------|-----------|------------------|

|                                                                     |                                                                                                                                                                                                                                                                                            |             |                   |                  |
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| together with other requirements                                    | other requirements for any discrepancies                                                                                                                                                                                                                                                   |             |                   |                  |
| 2.1 Receive advice on what to do next once patient is for discharge | 2.1 Advise client to return once patient is for discharge                                                                                                                                                                                                                                  | None        | 1 minute          | PhilHealth Clerk |
| 3. Submit photocopies of laboratory results                         | 3. Review laboratory results, advise client to wait while generating and printing Claim Form 2 (CF2), Claim Signature Form (CSF) and Claim Form 1 (CF1) from iHOMIS                                                                                                                        | None        | 5 minutes         | PhilHealth Clerk |
|                                                                     | 3.1 Return the forms to client for signature                                                                                                                                                                                                                                               | None        | 3 minutes         | PhilHealth Clerk |
|                                                                     | 3.2 Review the signed claims and SOA to check if the member is allowed to avail reimbursement. If yes, advise client to wait for 72 working days to receive a Notice of Payment (NOP) from Philhealth and advise them to return to ACHS after receiving the NOP then discharge the patient | None        | 3 minutes         | PhilHealth Clerk |
|                                                                     |                                                                                                                                                                                                                                                                                            |             |                   |                  |
|                                                                     | <b>TOTAL:</b>                                                                                                                                                                                                                                                                              | <b>None</b> | <b>17 minutes</b> |                  |

### 3. SUKATAN NG KASIYAHAN NG KLIYENTE

The “Sukatan ng Kasiyahan ng Kliyente” tracks the customer’s experience after receiving hospital services of Antipolo City Hospital System Cabading. This feedback will be assessed and results will be used as one of the decision-making tools in providing a better health care service.

|                                                                                    |                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                 |                                                                                    |
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| <b>OFFICE/DIVISION:</b>                                                            | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING                                                                                                                                                                                                                          |                                                                                                                            |                                                                                                 |                                                                                    |
| <b>CLASSIFICATION:</b>                                                             | Simple                                                                                                                                                                                                                                                            |                                                                                                                            |                                                                                                 |                                                                                    |
| <b>TYPES OF TRANSACTION:</b>                                                       | G2C – Government to Citizen                                                                                                                                                                                                                                       |                                                                                                                            |                                                                                                 |                                                                                    |
| <b>WHO MAY AVAIL:</b>                                                              | Citizens of Antipolo and neighboring town of Rizal                                                                                                                                                                                                                |                                                                                                                            |                                                                                                 |                                                                                    |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                   |                                                                                                                                                                                                                                                                   | <b>WHERE TO SECURE</b>                                                                                                     |                                                                                                 |                                                                                    |
| Sukatan ng Kasiyahan ng Kliyente Forms                                             |                                                                                                                                                                                                                                                                   | OPD, ER, Ward, Pharmacy, Medical Record, Laboratory, Radiology, Philhealth Mayors Help Desk Cashier, and Ambulance Service |                                                                                                 |                                                                                    |
| <b>CLIENT STEPS</b>                                                                | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                              | <b>FEES TO BE PAID</b>                                                                                                     | <b>PROCESSING TIME</b>                                                                          | <b>PERSON RESPONSIBLE</b>                                                          |
| 1. None                                                                            | 1. Disseminate forms of the “Sukatan ng Kasiyahan ng Kliyente” to patients/clients, or relative                                                                                                                                                                   | None                                                                                                                       | 2 minutes                                                                                       | Frontline Desk Officer                                                             |
| 2. Answers the “Sukatan ng Kasiyahan ng Kliyente” form and submit after completion | 2. Receive the duly accomplished form.                                                                                                                                                                                                                            | None                                                                                                                       | 5 minutes                                                                                       | Patients/Relative/Clients/ Frontline Desk Officer Patients                         |
| 3. None                                                                            | 3. Analyze the data and share the results obtained per month.<br>3.1 Share results to the concerned department<br>3.2 Monthly report of the analysis of results to be submitted to Administrative Officer, Chief of Hospital and Human Resource Management Office | None                                                                                                                       | 1 hour<br><br>5 minutes<br><br>Monthly submission every 10 <sup>th</sup> of the following month | Frontline Desk Officer<br><br>Frontline Desk Officer<br><br>Frontline Desk Officer |
|                                                                                    | <b>TOTAL:</b>                                                                                                                                                                                                                                                     | None                                                                                                                       | 1 hour and 12 minutes<br>Monthly submission every 10 <sup>th</sup> of the following month       |                                                                                    |

## 4. RESPONSE TO CITIZENS COMPLAINTS

Responding to citizens' complains is crucial since it resolves potential legal problems, improves patient satisfaction, builds trust and reputation, and enhances quality of healthcare that the hospital provides.

|                                                                                                                                                |                                                                                                                                                                                      |                                                                          |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                   | ANTIPOLO CITY HOSPITAL SYSTEM – CABADING                                                                                                                                             |                                                                          |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                         | Simple                                                                                                                                                                               |                                                                          |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                               | G2C – Government to Citizen                                                                                                                                                          |                                                                          |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                          | Citizens of Antipolo and neighboring town of Rizal                                                                                                                                   |                                                                          |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                               |                                                                                                                                                                                      | <b>WHERE TO SECURE</b>                                                   |                            |                               |
| ACHS-Cabading Facebook Account 8888<br>Citizens' Complaints email address                                                                      |                                                                                                                                                                                      | Facebook Portal<br>City Human Resource and Management<br>Office (CHROMO) |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                            | <b>AGENCY ACTION</b>                                                                                                                                                                 | <b>FEES<br/>TO BE<br/>PAID</b>                                           | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Lodge queries, concerns, issues, or complaints through ACHS- Cabading Facebook web portal or through 8888 Citizens' Complaint email address | 1. Check, analyze, and answer queries, concerns, and report issues, complaints in the web portal ACHS-Cabading Facebook web portal or through 8888 Citizens' Complaint email address | None                                                                     | 10 minutes                 | Portal Desk Officer           |
|                                                                                                                                                | 1.1 Respond to queries or concerns with apparent answer based from hospital policies.                                                                                                | None                                                                     | 5 minutes                  | Portal Desk Officer           |
|                                                                                                                                                | 1.2. Report issues or complaints immediately to the Chief of Hospital                                                                                                                | None                                                                     | 5 minutes                  | Portal Desk Officer           |

|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |        |       |                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|--------------------------------------------------------------------------------|
| 2. Answer queries from the portal Desk Officer or call or messages from the Chief of hospital regarding his/her queries, concerns, issues, or complaints | 2. Investigate the stated queries, concerns, issues, or complaint on the ACHS-Cabading Facebook web portal or 8888 Citizens' Complaint online webpage forwarded by City Human Resource and Development Office (CHRDO), gather incident report as deemed necessary, and make and submit written report to be endorsed to CHRDO. | NX`one | 1 day | Chief of Hospital and Administrative Officer, Chief of Clinics, or Chief Nurse |
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|  |                                                                                                                                                                         |             |                                                                                 |                                                                                |
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|  | 2.1 Investigate stated incident and relay to concerned hospital staff or department and gather incident report from the concerned staff/department if deemed necessary. | None        | 1 day                                                                           | Chief of Hospital and Administrative Officer, Chief of Clinics, or Chief Nurse |
|  | 2.2 Make and submit a written report on the result of the investigation to be endorsed to CHRDO                                                                         | None        | 1 hour                                                                          | Chief of Hospital                                                              |
|  | <b>TOTAL:</b>                                                                                                                                                           | <b>None</b> | <b>20 minutes Facebook Portal<br/>1 day and 1 hour 8888 Citizens' Complaint</b> |                                                                                |





# **Antipolo City Hospital System IV (ACHS) – Mambugan External Services**



## 1. CONSULTATION / OUTPATIENT SERVICES

The Antipolo City Hospital System–Mambugan Out-Patient Department (OPD) diagnoses, treats and provides appropriate medical services to individuals needing medical assistance.

|                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                                                                                                                                                                                                                                                           |                        |                           |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                   | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN OUTPATIENT DEPARTMENT                                                                  |                                                                                                                                                                                                                                                                                                           |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                         | Simple                                                                                                                          |                                                                                                                                                                                                                                                                                                           |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                   | G2C – Government to Citizen                                                                                                     |                                                                                                                                                                                                                                                                                                           |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                          | All                                                                                                                             |                                                                                                                                                                                                                                                                                                           |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                               |                                                                                                                                 | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                    |                        |                           |
| <ol style="list-style-type: none"> <li>1. Patient Record Form (PRF) – for new patient; or OPD Stub – for existing patient</li> <li>2. Hospital referrals / Physician's request</li> <li>3. Any government-issued ID card – Original and 1 photocopy</li> </ol> |                                                                                                                                 | <ul style="list-style-type: none"> <li>- ACHS Mambugan Medical Records Dep't.</li> <li>- Hospital / clinic / physician</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN)</li> <li>- If teleconsult, referral form for Neuro, SPED, and Infectious Disease</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                            | <b>AGENCY ACTION</b>                                                                                                            | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Secure the following from the OPD<br>Information Desk:<br>a. <i>New patient</i> – Patient Record Form (PRF) and OPD number.<br><br>b. <i>Existing patient</i> – OPD number only.                                                                            | 1. Issue the following:<br><br>a. <i>New patient</i> – PRF and OPD number.<br><br>b. <i>Existing patient</i> – OPD number only. | None                                                                                                                                                                                                                                                                                                      | 1 minute               | OPD-Records Staff         |
| 1.1 Fill out the PRF and submit the same once accomplished (new patient).                                                                                                                                                                                      | 1.1 Receive the PRF (new patient), or retrieve previous record from the file (existing patient).                                | None                                                                                                                                                                                                                                                                                                      | 5 minutes              | OPD-Records Staff         |
| 1.2 Proceed to the OPD Waiting Area for queuing.                                                                                                                                                                                                               | 1.2 Forward the PRF/ Patient's Chart to the OPD Nurse station.                                                                  | None                                                                                                                                                                                                                                                                                                      | 2 minutes              | OPD-Records Staff         |
| 2. Once called, submit to initial check-up.                                                                                                                                                                                                                    | 2. Get the vital signs and chief complaint of the client.                                                                       | None                                                                                                                                                                                                                                                                                                      | 3 minutes              | Staff Nurse               |
| 2.1 Proceed to the Medical Consultation Area of the Department concerned for queuing.                                                                                                                                                                          | 2.1 Forward the PRF/Patient's Chart to the Medical Officer/ Medical Specialist on duty.                                         | None                                                                                                                                                                                                                                                                                                      | 1 minute               | Staff Nurse               |

|                                                                                                                                               |                                                                                                                       |                                                 |                                                             |                                                                        |
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| 3. Once called, proceed to the room of the assigned Medical Specialist / Medical Officer for Physical Examination, Evaluation and Management. | 3. Get the history, conduct physical examination of the client, and give diagnoses / diagnostic procedure/s.          | None                                            | 10 minutes                                                  | Medical Specialist/<br>Medical Officer<br>on duty                      |
| 3.1 Receive prescription and schedule of follow-up check-up.                                                                                  | 3.1 Issue a prescription and give the schedule of the follow-up check-up.                                             | None                                            | 2 minutes                                                   | Medical Specialist/<br>Medical Officer<br>on duty                      |
|                                                                                                                                               | <b>TOTAL</b>                                                                                                          | <b>None</b>                                     | <b>24 minutes</b>                                           |                                                                        |
| <b>TELECONSULT (OLD &amp; NEW PATIENTS)</b>                                                                                                   |                                                                                                                       |                                                 |                                                             |                                                                        |
| 1. Give the referral form                                                                                                                     | 1. Validate the referral form to subspecialties for SPED, Infectious Disease and Neurology                            | None                                            | 1 minute                                                    | Booking Manager                                                        |
| 2. Receive instructions for the teleconsultation appointment                                                                                  | 2. Forward pertinent details to the nurse assistants of the subspecialties for SPED, Infectious Disease and Neurology | None                                            | 3 minutes                                                   | Booking Manager<br>Nurse Assistants                                    |
| 3. Undergo consultation on the day of the teleconsultation                                                                                    | 3. Undergo consultation on the day of the teleconsultation                                                            | None                                            | 10 to 30 minutes<br>(depending on the pacing of the Doctor) | SPED Doctor<br>Infectious Disease Specialist<br>Neurologist Assistants |
| 4. Receive prescriptions and/or diagnostic requests if applicable.                                                                            | 4. Provide instructions to patient                                                                                    | None                                            | 5 minutes                                                   | SPED Doctor<br>Infectious Disease Specialist<br>Neurologist Assistants |
| 5. proceed to the hospital to secure the prescription, diagnostic requests, and/or medical certificate, (as the case maybe)                   | 5. Furnish with needed prescription, diagnostic requests and/or medical certificate (as the case maybe)               | None                                            | 5 minutes                                                   | Chief of Hospital Admin Aide                                           |
|                                                                                                                                               | <b>TOTAL</b>                                                                                                          | <b>Amount indicated in the order of payment</b> | <b>24 to 44 minutes</b>                                     |                                                                        |

## 2. DENTAL SERVICES

The Antipolo City Hospital System – Mambugan provides dental care, consultative advice, including comprehensive dental treatment procedures to ensure proper & adequate oral hygiene of the residents of Antipolo City.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                           | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN<br>OUTPATIENT DEPARTMENT                                                       |                                |                                                                                                                |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                 | Simple                                                                                                                  |                                |                                                                                                                |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                       | G2C – Government to Citizen                                                                                             |                                |                                                                                                                |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                  | Antipolo residents                                                                                                      |                                |                                                                                                                |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                | <b>WHERE TO SECURE</b>                                                                                         |                               |
| 1. Patient Record Form (PRF) – Original copy<br>2. Dental Record, if any – Original copy                                                                                                                                                                                                                                               |                                                                                                                         |                                | - ACHS Mambugan Medical Records Dep't.<br>- ACHS Mambugan Medical Records Dep't. or from another dental clinic |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                    | <b>AGENCY ACTION</b>                                                                                                    | <b>FEES<br/>TO BE<br/>PAID</b> | <b>PROCESSING<br/>TIME</b>                                                                                     | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Secure the following from the OPD Information Desk:<br>a. <i>New patient</i> – Patient Record Form (PRF) and OPD number.<br>b. <i>Existing patient</i> – OPD number only.<br><br>1.1 Submit the accomplished PRF (new patient).<br><br>1.2 Proceed to the OPD Waiting Area to queue for vital sign checking and initial assessment. | 1. Issue the following:<br><i>New patient</i><br>– PRF and OPD number.<br><i>Existing patient</i><br>– OPD number only. | None                           | 1 minute                                                                                                       | Medical Records Staff         |
|                                                                                                                                                                                                                                                                                                                                        | 1.1 Receive the PRF (new patient), or retrieve previous record from the file (existing patient).                        | None                           | 3 minutes                                                                                                      | Medical Records Staff         |
|                                                                                                                                                                                                                                                                                                                                        | 1.2 Forward the patient's chart to the OPD Nurse Station.                                                               | None                           | 2 minutes                                                                                                      | Medical Records Staff         |
| 2. Once called, submit to vital sign checking and assessment.                                                                                                                                                                                                                                                                          | 2. Get the vital signs and chief complaint of the client and conduct assessment.                                        | None                           | 3 minutes                                                                                                      | Nurse on Duty                 |
| 2.1 Return to the waiting area to queue for dental consultation.                                                                                                                                                                                                                                                                       | 2.1 Advise the client to wait to be called by the Dentist.                                                              | None                           | 2 minutes                                                                                                      | Nurse on Duty                 |

|                                                                           |                                                 |      |            |         |
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| 3. Proceed to the Dental Consultation Area and submit to dental check-up. | 3. Get the history and do the dental check- up. | None | 20 minutes | Dentist |
|---------------------------------------------------------------------------|-------------------------------------------------|------|------------|---------|

|                                                                              |                                                               |                                                        |                   |            |
|------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|-------------------|------------|
| 4. Prepare for tooth extraction.                                             | 4. If cleared, proceed for tooth extraction.                  | None                                                   | 10 minutes        | Dentist    |
| 4.1 Receive dental care instruction and prescription.                        | 4.1 Give dental care instruction and issue a prescription.    | None                                                   | 5 minutes         | Dentist    |
| 5. Show the prescription to the Pharmacist and receive available medicine/s. | 5. Check the prescription and issue the available medicine/s. | <i>Refer to Schedule of Fees on pages 39 – 42</i>      | 5 minutes         | Pharmacist |
|                                                                              | <b>TOTAL</b>                                                  | <b><i>Refer to Schedule of Fees on pages 44-51</i></b> | <b>51 minutes</b> |            |

### 3. EMERGENCY ROOM (ER) SERVICES

The Antipolo City Hospital System–Mambugan ER Department caters to the general public in need of urgent care and medical attention. They are being attended by skilled doctors & nurses which through specialized training & experience; identify patients' health needs; establish priorities, treat & monitor acutely-ill & injure patients. Management and evaluation of patient condition whether for admission, for transfer to a secondary or tertiary facility or for discharge after receiving initial treatment. The Emergency Room Service is open 24 hours a day, 7 days a week.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                    | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN EMERGENCY ROOM / ER DEPARTMENT                                       |                                                                                                                                                                                                      |                        |                                 |
| <b>CLASSIFICATION:</b>                                                                                                                                          | Simple                                                                                                        |                                                                                                                                                                                                      |                        |                                 |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                    | G2C – Government to Citizen                                                                                   |                                                                                                                                                                                                      |                        |                                 |
| <b>WHO MAY AVAIL:</b>                                                                                                                                           | All                                                                                                           |                                                                                                                                                                                                      |                        |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                |                                                                                                               | <b>WHERE TO SECURE</b>                                                                                                                                                                               |                        |                                 |
| 1. OPD Stub<br>2. Patient Information Sheet (PIS)<br>3. Hospital referrals / Physician's request<br>4. Any government-issued ID card – Original and 1 photocopy |                                                                                                               | - ACHS Mambugan Medical Records Dep't.<br>- ACHS Mambugan Medical Records Dep't.<br>- Hospital / clinic / physician<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN) |                        |                                 |
| <b>CLIENT STEPS</b>                                                                                                                                             | <b>AGENCY ACTION</b>                                                                                          | <b>FEES TO BE PAID</b>                                                                                                                                                                               | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>       |
| 1. Proceed to the ER Triage Area for initial interview.                                                                                                         | 1. Conduct initial interview and endorse to ER Nurse.                                                         | None                                                                                                                                                                                                 | 5 minutes              | ER Information Desk Staff/ OPSS |
| 1.1 Submit to initial check-up.                                                                                                                                 | 1.1 Get and record the patient's information, vital signs/data and endorse it to the Medical Officer on duty. | None                                                                                                                                                                                                 | 53 minutes             | Medical Records staff, ER Nurse |
|                                                                                                                                                                 | 1.2 Validate Philhealth eligibility to Outpatient Emergency Care Benefit (OECB) Package                       | NONE                                                                                                                                                                                                 | 2 minutes              | Medical Records staff           |
| 2. Once called, submit to a physical examination at the Emergency Room.                                                                                         | 2. Perform physical examination and give initial assessment.                                                  | None                                                                                                                                                                                                 | 30 minutes             | Medical Officer                 |
| 2.1 None                                                                                                                                                        | 2.1 Request for ancillary procedure/s and order initial treatment.                                            | None                                                                                                                                                                                                 | 3 minutes              | Medical Officer                 |

|                                                                 |                                                   |      |           |                      |
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| 3. Proceed to the Ancillary Department for blood extraction and | 3. Usher the patient to the Ancillary Department. | None | 2 minutes | Institutional Worker |
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| <p>radiologic procedure/s. (if applicable)</p> <p>3.1 For patients with Laboratory procedures, please refer to Laboratory Services section, pg. 16-19</p> <p>For patients with Radiologic procedures, please refer to Radiology Services section, pg. 35-37</p>                                                                                                     | <p>3.1 Please refer to Laboratory Services section, pg. 16-19</p> <p>Please refer to Radiology Services section, pg. 35-37</p>                                                                                                                                                                                                                                                                                                                                    | <p>Refer to Schedules of Fees on pages 44-51</p> | <p>15 to 30 minutes</p> <p>45 to 60 minutes</p>                                        | <p>Medical Technologist</p> <p>Radiologic Technologist</p>                                                               |
| <p>3.2 Wait for the doctor's disposition.</p> <p>3.3 If for discharge, receive instructions from the Medical Officer on medications and follow-up check- up.</p> <p>If for admission, secure Admission Slip from the attending Medical Officer.</p> <p>If for transfer to another hospital, secure referral from the attending Medical Officer.</p> <p>3.4 None</p> | <p>3.2 Determine whether a patient is for discharge, admission, or transfer to another institution.</p> <p>3.3 Explain the result of ancillary procedures and give instructions on medications, and follow-up check-up at the OPD.</p> <p>Issue the Admission Slip to be given to the Admitting Clerk.</p> <p>Fill out Referral Form and cause proper coordination to referral hospital.</p> <p>Encode disposition and discharge details of patient in IHOMIS</p> | <p>None</p> <p>None</p> <p>None</p> <p>None</p>  | <p>2 minutes</p> <p>10 minutes</p> <p>2 minutes</p> <p>10 minutes</p> <p>2 minutes</p> | <p>Medical Officer-on-Duty</p> <p>Medical Officer</p> <p>Medical Officer</p> <p>Medical Officer</p> <p>Nurse on Duty</p> |
|                                                                                                                                                                                                                                                                                                                                                                     | TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Refer to Schedules of Fees on pages 44-51        | 1 hour and 47 minutes                                                                  | - For patient to be discharged                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  | 1 hour and 39 minutes                                                                  | - For patient to be admitted                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  | 1 hour and 47 minutes                                                                  | - For patient to be transferred                                                                                          |

#### 4. ADMISSION SERVICE

Patients who are assessed for admission by Resident Doctors are then processed by the Admitting Section of ER before transferring them to the ward.

|                                                                                                               |                                                                                                                                                                                      |                                                                                                      |                            |                                                                          |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                  | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN MEDICAL RECORDS<br>DEPARTMENT: ADMITTING SECTION                                                                                            |                                                                                                      |                            |                                                                          |
| <b>CLASSIFICATION:</b>                                                                                        | Simple                                                                                                                                                                               |                                                                                                      |                            |                                                                          |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                              | G2C – Government to Citizen                                                                                                                                                          |                                                                                                      |                            |                                                                          |
| <b>WHO MAY AVAIL:</b>                                                                                         | For admission patients                                                                                                                                                               |                                                                                                      |                            |                                                                          |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                              |                                                                                                                                                                                      | <b>WHERE TO SECURE</b>                                                                               |                            |                                                                          |
| 1. Admitting Order<br>2. Any government-issued ID                                                             |                                                                                                                                                                                      | - Admitting Section<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID/PSN) |                            |                                                                          |
| <b>CLIENT STEPS</b>                                                                                           | <b>AGENCY ACTION</b>                                                                                                                                                                 | <b>FEES TO<br/>BE PAID</b>                                                                           | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b>                                            |
| 1. Provide Admission Slip from Emergency room/OPD or Referral to Admitting Section Fill-up the Admission Form | 1. Check the name of the patient in the system (IHOMIS). Verify the accuracy of patient's information by interviewing the relative/patient                                           | None                                                                                                 | 3 minutes                  | Admitting Clerk                                                          |
| 2. Accomplish and sign all necessary consent forms prior to admission                                         | 2. Explain to relative/patient about the consent form as well as the visiting policies, procedures and rooms                                                                         | None                                                                                                 | 2 minutes                  | Admitting Clerk                                                          |
| 3. Receive the top sheet, patient identification band and other documents                                     | 3. Instruct the relative to proceed to Window 5 of Admin Office for PhilHealth assessment and verification                                                                           | None                                                                                                 | 1 minute                   | Admitting Clerk                                                          |
| 4. Admission to Ward                                                                                          | 4. Notifies Nurse Station of the new admission<br><br>Prepares room and bed assignment and facilities supplies needed<br><br>Instructed to bring the patients to the designated ward | None                                                                                                 | 30 minutes                 | Admitting Clerk<br><br>Nurse on Duty<br><br>Institutional Worker on Duty |
|                                                                                                               | <b>TOTAL:</b>                                                                                                                                                                        | <b>None</b>                                                                                          | <b>36 minutes</b>          |                                                                          |



## HOSPITAL ADMISSION (WARD)

Patients are admitted in ACHS-Mambugan for further management & evaluation, constant monitoring & diagnostic procedures within the capacity of the hospital.

|                                                                                        |                                                                                                                  |                                                                                                                                                                           |                                                          |                                        |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                           | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN<br>MEDICAL DIVISION                                                     |                                                                                                                                                                           |                                                          |                                        |
| <b>CLASSIFICATION:</b>                                                                 | Simple / Complex / Highly Technical                                                                              |                                                                                                                                                                           |                                                          |                                        |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                       | G2C – Government to Citizen                                                                                      |                                                                                                                                                                           |                                                          |                                        |
| <b>WHO MAY AVAIL:</b>                                                                  | ER patients, OR/DR patients                                                                                      |                                                                                                                                                                           |                                                          |                                        |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                       |                                                                                                                  | <b>WHERE TO SECURE</b>                                                                                                                                                    |                                                          |                                        |
| 1. Doctor's Order<br>or<br>Hospital referrals                                          |                                                                                                                  | <ul style="list-style-type: none"> <li>- Medical Officer on duty at ER or OR/DR of ACHS Mambugan</li> <li>- Hospital / clinic of previous medical consultation</li> </ul> |                                                          |                                        |
| <b>CLIENT STEPS</b>                                                                    | <b>AGENCY ACTION</b>                                                                                             | <b>FEES TO<br/>BE PAID</b>                                                                                                                                                | <b>PROCESSING<br/>TIME</b>                               | <b>PERSON<br/>RESPONSIBLE</b>          |
| 1. Transfer to the assigned ward once cleared for admission.                           | 1. Transfer the patient by wheelchair or stretcher bed to the assigned ward.                                     | None                                                                                                                                                                      | 5 minutes                                                | Institutional Worker on Duty           |
| 2. Follow The instructions given by the attending medical personnel.                   | 2. Carry out the Doctor's Order.                                                                                 | None                                                                                                                                                                      | 10 minutes                                               | Nurse on Duty                          |
| 2.1 None                                                                               | 2.1 Secure all laboratory and radiology results and endorse to the Medical Specialist on duty for further order. | None                                                                                                                                                                      | 10 minutes                                               | Nurse on Duty                          |
| 2.2 None                                                                               | 2.2 Include the patient in the Diet List.                                                                        | None                                                                                                                                                                      | 5 minutes                                                | Nurse on Duty                          |
| 2.3 Follow the instructions and prescriptions given by the attending medical personnel | 2.3 Continue to monitor the patient, carry out necessary orders and/or procedures until patient's discharge      | None                                                                                                                                                                      | <i>Will depend upon the management of patient's case</i> | Attending Physician / Nurse on Duty    |
|                                                                                        | <b>TOTAL</b>                                                                                                     | <b>None</b>                                                                                                                                                               | <b>25 minutes</b>                                        | <b>Upon arrival of patient to ward</b> |
|                                                                                        |                                                                                                                  |                                                                                                                                                                           | <b>Length of stay varies</b>                             | <b>During admission period</b>         |

## 5. HOSPITAL DISCHARGE (WARD)

In-patients will be discharged when they no longer need to receive inpatient care and they are deemed safe and ready for discharge or for transfer to another type of facility.

|                                                                                                                                                                                             |                                                                                                                  |                                                                                                                                |                            |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN<br>MEDICAL DIVISION                                                     |                                                                                                                                |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                                      | Simple / Complex / Highly Technical                                                                              |                                                                                                                                |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                            | G2C – Government to Citizen                                                                                      |                                                                                                                                |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                       | In-patients                                                                                                      |                                                                                                                                |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                            |                                                                                                                  | <b>WHERE TO SECURE</b>                                                                                                         |                            |                               |
| 1. Patient's Chart<br>2. Hospital Bill<br><br>For PhilHealth Beneficiaries:<br>3. Claim Forms<br><br>For Non-PhilHealth Patients:<br><br>4. Completely filled out General Intake Sheet Form |                                                                                                                  | - Ward Nurse Station<br>- Pharmacy and Billing Section<br><br>- PhilHealth/Point of Service Section<br><br>- Mayor's Help Desk |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                                         | <b>AGENCY ACTION</b>                                                                                             | <b>FEES TO<br/>BE PAID</b>                                                                                                     | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Patient's watcher (relative/guardian) – Secure Discharge Order from the Nurse Station.                                                                                                   | 1. Issue the Discharge Order duly signed by the Doctor on duty.                                                  | None                                                                                                                           | 5 minutes                  | Nurse on duty                 |
| 1.1 None                                                                                                                                                                                    | 1.1 Forward the patient's chart to PhilHealth section for ICD-10 encoding and benefits deduction (if applicable) | None                                                                                                                           | 10 minutes                 | Nurse on Duty                 |
| 2. Settle hospital bill ( <i>please refer to <b>Billing Section</b>, pg. 30</i> )                                                                                                           |                                                                                                                  |                                                                                                                                |                            |                               |

|                                                                |                                                                                                                            |      |           |               |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------|-----------|---------------|
| 5. Wait for Nurse on Duty's discharge instructions             | 5. Check for IHOMIS Hospital Clearance System. If cleared on all stations, proceed to discharge the patient.               | None | 5 minutes | Nurse on duty |
| 5.1 Receive instructions on medication and follow-up check-up. | 5.1 Give instructions for patients to follow as to home medication, diet, health tips, and schedule of follow-up check-up. | None | 5 minutes | Nurse on duty |
| 5.2 Cooperate with the Nurse on duty while                     | 5.2 Prepare the patient for discharge. Issue                                                                               | None | 5 minutes | Nurse on duty |

|                                                                                                     |                                                                           |                            |                   |                        |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------|-------------------|------------------------|
| preparing for discharge.                                                                            | exit pass if cleared for discharge.                                       |                            |                   |                        |
| 6. Upon departure, submit the signed Exit Pass to the OPSS personnel assigned at the hospital exit. | 6 . Check and verify the Exit Pass submitted, cut the name tag of patient | None                       | 2 minutes         | OPSS personnel on duty |
|                                                                                                     | <b>TOTAL:</b>                                                             | <b>As indicated in SOA</b> | <b>32 minutes</b> |                        |

## 5. HEMODIALYSIS SERVICES

The Antipolo City Hospital System – Mambuan Annex provides hemodialysis services to patients with failing kidneys / acute kidney failure. Kidney patients are being attended by skilled Nephrology Doctors & Nurses with specialized training and experience. The Hemodialysis Unit is open 6 days a week from Monday to Saturday, closed during Sundays (for general cleaning and UV).

**Schedule of Dialysis Session:**

1<sup>st</sup> Session – 6:00AM – 10:00AM

2<sup>nd</sup> Session – 12:00PM–4:00PM3<sup>rd</sup> Session – 5:00 PM – 9:00 AM[illegible]

|                                                                                                                                                                                                                                            |                                                                                                         |                                                         |                            |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------|-------------------------------------------|
| 2. Proceed to OPD Nepro Clinic for consultation.                                                                                                                                                                                           | 2. Interview the patient and take the patient's history.                                                | None                                                    | 45 minutes                 | Attending Physician                       |
| 3. OPD patient registers at reception Area of Hemodialysis Unit at least 30 mins before the schedule. The session are as follows:<br><br>1st Session (6:00am - 10:00am)<br>2nd Session (10:00pm – 2:00pm)<br>3rd Session (2:00pm – 6:00pm) | 3. Register the patient for scheduling                                                                  | None                                                    | 1 minute                   | Hemodialysis Nurse on duty                |
| 4. Verification of patient's PhilHealth records                                                                                                                                                                                            | 4. Checking of PhilHealth requirements and verification to PhilHealth database                          | None                                                    | 5 minutes                  | PhilHealth Clerk                          |
| 5. Secure confirmation of patient schedule                                                                                                                                                                                                 | 5. Document Clearance and prepares patient line up.                                                     | None                                                    | 1 minute                   | Hemodialysis Clerk                        |
|                                                                                                                                                                                                                                            | Prepare HD unit Station (disinfection, preparation of machine and supplies, treatment sheet)            | None                                                    | 30 minutes                 | Hemodialysis Nurse                        |
| 6. None                                                                                                                                                                                                                                    | 6. Encodes patient's details to IHOMIS                                                                  | None                                                    | 2 minutes                  | Hemodialysis Clerk                        |
| 7. Proceed to Hemodialysis Treatment                                                                                                                                                                                                       | 7. Performs Hemodialysis Treatment                                                                      | None                                                    | 4 hours                    | Hemodialysis Nurse                        |
|                                                                                                                                                                                                                                            | Encodes patient's consumables (medicines, hemodialysis supplies, and hemodialysis treatment) to IHOMIS. | None                                                    | 5 minutes                  | Hemodialysis Nurse                        |
| 8. Cooperate with nurses regarding end of treatment, receive home instructions and regular patient's schedule.                                                                                                                             | 8. Performs hemodialysis termination                                                                    | None                                                    | 30 minutes                 | Hemodialysis Nurse                        |
|                                                                                                                                                                                                                                            | <b>TOTAL:</b>                                                                                           | <b>None</b><br>(Fees are included in the hospital bill) | <b>1 hours, 12 minutes</b> | <b>Securing schedule and requirements</b> |
|                                                                                                                                                                                                                                            |                                                                                                         |                                                         | <b>4 hours, 30 minutes</b> | <b>Hemodialysis Treatment Session</b>     |

## 6. LABORATORY SERVICES

ACHS Annex IV-Mambugan Laboratory Services aims to help physicians in diagnosis of certain diseases through laboratory test/examination by offering the basic menu of routine laboratory tests and services to ensure effective care of the patients through prompt integration of test reports.

|                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                            | ANTIPOLO CITY HOSPITAL SYSTEM IV –<br>MAMBUGAN<br>LABORATORY DEPARTMENT                                                                                 |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                  | Simple                                                                                                                                                  |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                            | G2C – Government to Citizen                                                                                                                             |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                   | All                                                                                                                                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                        | <b>WHERE TO SECURE</b>                                                                                                                                  |
| <p><i>For Out-Patients:</i><br/>Laboratory Request Form issued by the attending physician.</p> <p><i>If indigent, senior citizen, PWD, or 4P's beneficiary:</i><br/>2. Barangay Certificate of Indigency<br/>3. Senior Citizen / PWD / 4P's ID card</p> <p><i>For In-Patients:</i><br/>1. Laboratory Request Form issued by the attending physician</p> | <ul style="list-style-type: none"> <li>- Attending Physician</li> <li>- Barangay Hall</li> <li>- OSCA / CSWDO</li> <li>- Attending Physician</li> </ul> |

### For Out-Patients and ER-Patients

| CLIENT STEPS                                                                                                                                               | AGENCY ACTION                                                                                                                  | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------------------------|
| 1. Submit the Laboratory Request Form (LRF) at the Laboratory Reception Area.                                                                              | 1. Receive the LRF and verify the request.                                                                                     | None            | 5 minutes       | Medical Technologist / Receptionist |
| 1.1 Receive instructions on proper specimen collection and fasting preparations, if any.                                                                   | 1. 1 Give instructions on proper specimen collection and fasting preparations, if any.                                         | None            | 3 minutes       | Medical Technologist / Receptionist |
| 2. Secure the verified LRF With price included.                                                                                                            | 1.2 Issue LRF with price included, or attached c Charged slip from iHOMIS (for ER patients)                                    |                 |                 |                                     |
| <ul style="list-style-type: none"> <li>• For ER patients, laboratory requests must be encoded in the iHOMIS before proceeding to the laboratory</li> </ul> | Interview and assess the client and recommend discounted amount corresponding to the patient's social classification / status. | None            | 2 minutes       | Medical Technologist / Receptionist |

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                          |                        |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------|-------------------------------------|
| * In case of indigent patient, senior citizen, PWD, or 4P's beneficiary, proceed to Mayor's Help Desk (MHD) for interview and classification.                                                                                                                                                                 |                                                                                                                                | None                                                                                     | 10-30 minutes          | Social Service Staff                |
| 2. Pay the required fees to the cashier by showing the Charge Slip and/or the issued LRF<br><br>2.1 Secure Official Receipt.                                                                                                                                                                                  | 2. Accept the payment issued on the Charge Slip.<br><br>2.1 Issue the Official Receipt.                                        | Refer to Schedule of Fees on pages 44-51 (Refer to City Ordinance 2022-1047)<br><br>None | 3 minutes<br><br>_____ | Cashier<br><br>_____                |
| 3. Return to the Laboratory Reception Area, show the Official Receipt (if paying patient), or approved charges from MHD (if indigent patient), and submit the LRF.                                                                                                                                            | 3. Check the Official Receipt (or the LRF with approval from MHD), record OR number / and receive the Laboratory Request Form. | None                                                                                     | 2 minutes              | Medical Technologist / Receptionist |
| 4. Once called, submit to laboratory procedure/s.<br><br>1. Get information as to the release date of the result/s and secure claim stub.<br><br>* For ER-patients, laboratory results are released immediately to the nurse-on-duty<br><br>* For HD patients, results are claimed by the nurse-on-duty (NOD) | 4. Conduct the laboratory procedure/s.<br><br>4.1 Advise the patient on when to claim the result, and issue a claim stub.      | None<br><br>None                                                                         | 5 minutes<br><br>_____ | Medical Technologist<br><br>_____   |
|                                                                                                                                                                                                                                                                                                               | <b>TOTAL:</b>                                                                                                                  | Refer to Schedule of Fees on pages 44-51 (Refer to City Ordinance 2022-1047)             | <b>20 minutes</b>      | <b>- For paying patient</b>         |
|                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                          | <b>30-50 minutes</b>   | <b>- For indigent patient</b>       |

### **For In-Patients**

The Nurse on duty at the Ward Nurse Station endorses LRFs issued by the attending Ward Doctor to the Medical Technologist at the Laboratory Department for appropriate action. These laboratory requests must be encoded in the iHOMIS prior to sample collection.

| <b>CLIENT STEPS</b>                                                                                                                                                    | <b>AGENCY ACTION</b>                                                                                                                                                   | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b>     | <b>PERSON RESPONSIBLE</b>                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|--------------------------------------------------|
| 1. Receive instructions on the procedure of laboratory procedure to be undertaken<br><br>* Laboratory requests must be encoded to the iHOMIS                           | 1. Give instructions on the laboratory procedure to be undertaken.<br><br>* Render the request on the iHOMIS                                                           | None                   | 3 minutes                  | Medical Technologist / Receptionist              |
| 2. Wait for the Medical Technologist to perform the laboratory procedure.<br><br>2.1 For urine and/or stool samples, submit the same to the Laboratory Reception Desk. | 2. Proceed to the patient's ward and perform laboratory procedures.<br><br>2.1 Receive the urine and/or stool samples, and log the date and time of receipt.           | None                   | 5 minutes<br><br>2 minutes | Medical Technologist<br><br>Medical Technologist |
| 3. Wait for the instructions and/or results of the laboratory procedures.<br><br>* Release all examinations done in the iHOMIS                                         | 3. Record the patient's details indicating the date and time of the laboratory procedure, then examine the specimens and forward the result to the Ward Nurse Station. | None                   | 2 hours                    | Medical Technologist                             |
|                                                                                                                                                                        | <b>TOTAL:</b>                                                                                                                                                          | <b>None</b>            | <b>2 hours, 10 minutes</b> |                                                  |



## LABORATORY SERVICES

ACHS Annex IV-Mambungan Laboratory Services aims to help physicians in diagnosis of certain diseases through laboratory test/examination by offering the basic menu of routine laboratory tests and services to ensure effective care of the patients through prompt integration of test reports.

| Examination/<br>Test                                                                                                                                                                                                                        | Guidelines                                                                                                                                                                                                                                             | Blood Collection<br>Schedule for<br>Fasting Blood<br>Test/s                                                               | Release of<br>Results                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Fasting Blood Sugar (FBS)</b>                                                                                                                                                                                                            | <i>Out-Patients:</i><br>Last meal – 12:00 am<br><br><i>In-Patients:</i><br>Last meal – 8:00 pm                                                                                                                                                         | Extraction – 6:00 am<br><br>Extraction – 4:00 am                                                                          | 3:00 pm on the<br>next day<br><br>2 to 4 hours after<br>extraction                                                                                                                                                   |
| <b>Lipid profile</b> (Cholesterol,<br>Triglycerides, HDL, LDL)<br><i>with or without FBS</i><br><br>Chemistry 8<br>Chemistry 10                                                                                                             | <i>Out-Patients:</i><br>Last meal – 10:00 pm<br><br><i>In-Patients:</i><br>Last meal – 6:00 pm                                                                                                                                                         | Extraction – 8:00 am<br><br>Extraction – 4:00 am                                                                          | 3:00 pm on the<br>next day<br><br>2 to 4 hours after<br>extraction                                                                                                                                                   |
| <b>Routine Chemistry</b><br>(Blood Urea Nitrogen,<br>Creatinine, Blood Uric Acid,<br>ALT, AST, Electrolytes (Na,<br>K, Cl, Ca) and HbA1c)<br><br><b>Complete Blood Count</b><br><br><b>HBsAg, Syphilis, HIV<br/>Screening, Blood Typing</b> | <i>Out-Patients, ER-Patients,<br/>In-Patients</i><br>Non-fasting<br><br><i>* For HIV testing, patients are<br/>required to secure HTS form and<br/>schedule from the Office of the Chief<br/>Nurse and will be counselled by the<br/>HIV counselor</i> | Anytime of the day<br><br><br><br>For HIV Testing,<br>scheduled only on<br>Mondays and<br>Fridays, 9:00 am and<br>1:00 pm | Out-Patients<br>4 hours after<br>receiving<br><br>In-Patients and<br>ER-Patients<br>2 hours after<br>receiving<br><br><i>For HIV tests,<br/>results will be<br/>forwarded to the<br/>counselor for<br/>releasing</i> |
| <b>Crossmatching</b>                                                                                                                                                                                                                        | <i>For patients subjected to blood<br/>transfusion</i>                                                                                                                                                                                                 | Anytime of the day                                                                                                        | 2-4 hours after<br>extraction                                                                                                                                                                                        |
| <b>Coagulation Test</b><br>(Prothrombin Time (PT) and<br>activated Partial<br>Thromboplastin Time (aPTT))                                                                                                                                   | <i>Out-Patients, ER-Patients,<br/>In-Patients</i><br>No Preparation<br>Required                                                                                                                                                                        | Tuesdays and<br>Fridays                                                                                                   | 4 hours after<br>extraction                                                                                                                                                                                          |
| <b>Urinalysis</b><br><b>Pregnancy Test</b><br><b>Fecalysis</b><br><b>KOH</b> (Potassium hydroxide)                                                                                                                                          | <i>Out-Patients, ER-Patients,<br/>In-Patients</i><br>No Preparation<br>Required                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                                                                      |

|                                        |                                                                                                                                                                                                                                                                   |                    |                                                                                                                |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Fecal Occult Blood Test</b>         | <p>Patients are required to avoid the following to avoid false-positive result for 3 days</p> <p>Red Meat (esp. poultry)</p> <p>Beans</p> <p>Vitamin C / Ascorbic Acid</p> <p>Red-colored food</p> <p>Blood thinners medicine (aspirin, mefenamic acid, etc.)</p> | Anytime of the day | <p>Out-Patients<br/>4 hours after receiving</p> <p>In-Patients and ER-Patients<br/>2 hours after receiving</p> |
| <b>Peripheral Blood Smear (PBS)</b>    | <p><i>Out-Patients, ER-Patients, In-Patients</i></p> <p>No Preparation Required,</p>                                                                                                                                                                              | Anytime of the day | 3-5 days after extraction                                                                                      |
| <b>Papanicolau's Smear (Pap Smear)</b> | <p><i>Out-Patients, ER-Patients, In-Patients</i></p> <p>No Preparation Required.</p> <p>Samples will be collected by physicians and submit to the laboratory for testing</p>                                                                                      | Anytime of the day | Tuesdays and Thursdays                                                                                         |

**Note:** Fasting of patients may vary on their last meal taken. For FBS only, it is required for patients to fast for 6 – 8 hours, 10 – 12 hours for Lipid Profile.

|                                                                                                                                                                                                 |                                                                                                                                                           |                                                                               |                                                                                            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|
|                                                                                                                                                                                                 | <p>slip from iHOMIS (for ER patients)</p> <p>* For ER patients, laboratory requests must be encoded in the iHOMIS before proceeding to the laboratory</p> |                                                                               |                                                                                            | Medical Technologist / Receptionist                          |
| <p>2. Pay the required fees to the cashier by showing the Charge Slip.</p> <p>2.1 Secure Official Receipt.</p> <p>2.3 For indigent patients, proceed to the Mayor's Help Desk for approval.</p> | <p>2. Accept the payment based on the Charge Slip.</p> <p>2.1 Issue the Official Receipt.</p> <p>2.3 Ask for the approved request form.</p>               | <p><i>Refer to Schedule of Fees on page 44-51</i></p> <p>None</p> <p>None</p> | <p>3 minutes</p> <p>1 minute</p> <p>Please refer to the Mayor's Help Desk section, pg.</p> | <p>Cashier</p> <p>Cashier</p> <p>Mayor's Help Desk Staff</p> |

|                                                                                                                                                                                                                                                     |                                                                                                                                                          |                                         |                   |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|-------------------------------|
| 3. Return to the Laboratory Reception Area, show the Official Receipt (if paying patient), or approved charges from Mayor's Help Desk (if indigent patient), and submit the LRF.                                                                    | 3. Check the Official Receipt (or the Charge Slip with approval from Mayor's Help Desk), record the OR number / and receive the Laboratory Request Form. | None                                    | 2 minutes         | Medical Technologist          |
| 4. Once called, submit to laboratory procedure/s.                                                                                                                                                                                                   | 4. Conduct the laboratory procedure/s.                                                                                                                   | None                                    | 5 minutes         | Medical Technologist          |
| 4.1 Get information as to the release date of the result/s and secure claim stub.<br><br>*For ER-patients, laboratory results are released immediately to the nurse-on-duty<br><br>*For HD patients, results are claimed by the nurse-on-duty (NOD) | 4.1 Advise the patient on when to claim the result, and issue a claim stub.                                                                              | None                                    | 1 minute          | Medical Technologist          |
|                                                                                                                                                                                                                                                     | <b>TOTAL:</b>                                                                                                                                            | Refer to Schedule of Fees on page 44-51 | <b>16 minutes</b> | <b>- For paying patient</b>   |
|                                                                                                                                                                                                                                                     |                                                                                                                                                          |                                         | <b>25 minutes</b> | <b>- For indigent patient</b> |

**For In-Patients**

The Nurse on duty at the Ward Nurse Station endorses LRFs issued by the attending Ward Doctor to the Medical Technologist at the Laboratory Department for appropriate action.

| CLIENT STEPS                                                                                                                                                       | AGENCY ACTION                                                                                                                                                                                                     | FEES TO BE PAID                                         | PROCESSING TIME            | PERSON RESPONSIBLE                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------|--------------------------------------------------|
| 1. Receive instructions on the procedure of laboratory procedure to be undertaken<br><br>* Laboratory requests must be encoded to the iHOMIS                       | 1. Give instructions on the laboratory procedure to be undertaken.<br><br>* Render the request on the iHOMIS                                                                                                      | None                                                    | 3 minutes                  | Medical Technologist / Receptionist              |
| 2. Wait for the Medical Technologist to perform the laboratory procedure.<br><br>For urine and/or stool samples, submit the same to the Laboratory Reception Desk. | 2. Proceed to the patient's ward and perform laboratory procedures.<br><br>Receive the urine and/or stool samples, and log the date and time of receipt.                                                          | None<br><br>None                                        | 5 minutes<br><br>2 minutes | Medical Technologist<br><br>Medical Technologist |
| 3. Wait for the instructions and/or results of the laboratory procedures.<br><br>* All examinations done are released in the iHOMIS                                | 3. Record the patient's details indicating the date and time of the laboratory procedure, then examine the specimens and forward the Laboratory Result/s together with the Charge Slip to the Ward Nurse Station. | None                                                    | 2 hours                    | Medical Technologist                             |
|                                                                                                                                                                    | <b>TOTAL:</b>                                                                                                                                                                                                     | <b>None</b><br>(Fees are included in the hospital bill) | <b>2 hours, 10 minutes</b> |                                                  |

## 7. MEDICAL RECORD SERVICES

**CERTIFICATE OF BIRTH** – The Medical Records Department of ACHS–Mambugan facilitates the registration of a child's birth at the hospital in coordination with the City Civil Registrar's Office.

| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN MEDICAL RECORDS DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Simple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G2C – Government to Citizen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Parents (or relatives with authorization) of newborn patients                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CHECKLIST OF REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WHERE TO SECURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ol style="list-style-type: none"> <li>1. Duly accomplished Certificate of Live Birth (COLB/Form No. 102, revised 2016) – in quadruplicate copies</li> <li>2. Certificate of Marriage of child's parent – 1 photocopy, or<br/><br/><i>Affidavit of Admission of Paternity – if the child is illegitimate and the father wishes to have his name indicated in the COLB, or</i><br/><br/><i>Affidavit to Use the Surname of the Father –if the child through his/her mother, chooses to use the surname of his/her father</i></li> <li>3. Any government-issued ID card of parent/s (and representative, if applicable) – Present original and submit 1 photocopy each</li> <li>4. Authorization letter, if applicable</li> <li>5. Municipal Form No. 102 – Attachment for Muslim Filipino, if applicable, or</li> <li>6. Form No. 1 – for Indigenous People (IP), if applicable</li> </ol> | <ul style="list-style-type: none"> <li>- Medical Record Office, ACHS Mambugan</li> <li>- Philippine Statistics Authority (PSA), or City/Municipal Civil Registrar's Office</li> <li>- Notary Public / DFA Consular Office</li> <li>- Notary Public</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID / PSN)</li> <li>- Parent/s of the child</li> <li>- City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth</li> <li>- City/municipal Civil Registrar's Office, Hospital/maternity clinic, or attendant at birth</li> </ul> |

| CLIENT STEPS                                                              | AGENCY ACTION                                                              | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Submit the requirements to ACHS Mambugan – Medical Records Department. | 1. Receive the requirements.                                               | None            | 1 day           | Records Clerk      |
| 1.1 Submit for interview.                                                 | 1.1 Interview the client to check correctness of entries in the COLB Form. | None            |                 | Records Clerk      |
| 1.2 Provide contact number and secure                                     | 1.2 Get the client's contact number                                        | None            |                 | Records Clerk      |

|                                                                                                          |                                                                                                     |             |               |                           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------|---------------|---------------------------|
| claim stub for the releasing of the COLB.                                                                | and issue claim stub, if any.                                                                       |             |               |                           |
| 1.3 None                                                                                                 | 1.3 Review the COLB entries and sign in the space provided for Medical Certification.               | None        |               | Medical Officer concerned |
| 2. None                                                                                                  | 2. Submit the COLB Form and other requirements to the City Civil Registrar's Office for processing. | None        | 1 day         | Civil Registry Staff      |
| 2.1 Receive call about the date and time of the release of the COLB.                                     | 2.1 Call the client regarding the schedule of the release of the COLB.                              | None        |               |                           |
| 3. On the specified date and time, return to ACHS Mambugan – Records Department and show the claim stub. | 3. Check the claim stub and request the client to sign in the Release Log Book.                     | None        | 1 day         | Records Clerk             |
| 3.1 Sign in the Release Log Book and secure the registered COLB.                                         | 3.1 Issue the registered COLB.                                                                      | None        |               |                           |
|                                                                                                          | <b>TOTAL:</b>                                                                                       | <b>None</b> | <b>3 days</b> |                           |

**CERTIFICATE OF DEATH** – The ACHS–Mambugan through the Medical Records Department certifies death of patients who expired at the hospital.

Note: For out-patients who are dead on arrival (DOD) and pulled out from the hospital within twenty-four (24) hours thereafter, application for certificate of death shall be processed by the family at the City Health Office.

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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                            | ANTIPOLO CITY HOSPITAL SYSTEM –<br>MAMBUGAN MEDICAL RECORDS<br>DEPARTMENT                                                                                                                                    |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                  | Simple                                                                                                                                                                                                       |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                                        | G2C – Government to Citizen                                                                                                                                                                                  |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                   | All                                                                                                                                                                                                          |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                        | <b>WHERE TO SECURE</b>                                                                                                                                                                                       |
| <ol style="list-style-type: none"> <li>1. Request Form – to be accomplished by the client</li> <li>2. Any government-issued ID card of requester and or representative, if any – 1 photocopy each</li> <li>3. Authorization letter, if applicable – Original</li> </ol> | <ul style="list-style-type: none"> <li>- Medical Records Department, ACHS Mambugan</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN)</li> <li>- Requester</li> </ul> |

| CLIENT STEPS                                                                                                                                                                                                                                                                                    | AGENCY ACTION                                                                                                                                                                                                                                          | FEES TO BE PAID                     | PROCESSING TIME                                     | PERSON RESPONSIBLE                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Submit the requirements to the Medical Records Department of ACHS – Mambugan.</li> </ol> <p><i>1.1 If client is indigent, proceed to the Medical Social Service Section of ACHS–Mambugan for burial and financial assistance.</i></p> <p>1.2 None</p> | <ol style="list-style-type: none"> <li>1. Receive and check the requirements.</li> </ol> <p>1.1 Interview and assess the relatives of expired patient for burial and financial assistance, if needed.</p> <p>1.2 Prepare the Certificate of Death.</p> | <p>None</p> <p>None</p> <p>None</p> | <p>2 minutes</p> <p>10 minutes</p> <p>5 minutes</p> | <p>Medical Records Staff</p> <p>Social Service Staff</p> <p>Medical Records Staff</p> |
| <ol style="list-style-type: none"> <li>2. Proceed to the Billing Section (Business Center Window 2) / Point of Service / PhilHealth (Business Center Window 6) to secure Discharge Clearance Slip.</li> </ol>                                                                                   | <ol style="list-style-type: none"> <li>2. Issue the Discharge Clearance Slip to relatives of expired patients.</li> </ol>                                                                                                                              | None                                | 5 minutes                                           | Billing Clerk/ Point of Service/ PhilHealth Staff                                     |
| <ol style="list-style-type: none"> <li>3. Submit the Discharge Clearance Slip to the Medical Records Department and receive the Certificate of Death.</li> </ol>                                                                                                                                | <ol style="list-style-type: none"> <li>3. Receive the Discharge Clearance Slip and issue the Certificate of Death.</li> </ol>                                                                                                                          | None                                | 3 minutes                                           | Medical Records Staff                                                                 |
|                                                                                                                                                                                                                                                                                                 | <b>TOTAL:</b>                                                                                                                                                                                                                                          | <b>None</b>                         | <b>25 minutes</b>                                   |                                                                                       |

## 8. MEDICAL SOCIAL SERVICES

The ACHS- Mambungan Medical Social Service is an integral part of the hospital which aims to respond to the needs of the patients and arrive at a holistic way of facilitating the return of a patient to an optimum state of health. It provides the immediate need of the patient directly or indirectly affects their medical condition. It helps patients and their families cope with illnesses. Medical social service assures that patients' emotional and social needs are met through their medical treatment.

|                                                                                                                                                                               |                                                                                                                                                                                                                                                    |                                                                                                        |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                  | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN MEDICAL<br>SOCIAL SERVICE SECTION                                                                                                                                                                         |                                                                                                        |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                        | Simple                                                                                                                                                                                                                                             |                                                                                                        |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                              | G2C – Government to Citizen                                                                                                                                                                                                                        |                                                                                                        |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                         | Indigent Patients                                                                                                                                                                                                                                  |                                                                                                        |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                              |                                                                                                                                                                                                                                                    | <b>WHERE TO SECURE</b>                                                                                 |                            |                               |
| 1. Certificate of Indigency – Original and 1 photocopy<br>2. Any government-issued ID card – Original and 1 Photocopy                                                         |                                                                                                                                                                                                                                                    | - Barangay / CSWDO<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, or PSA (Phil ID/PSN) |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                           | <b>AGENCY ACTION</b>                                                                                                                                                                                                                               | <b>FEES TO<br/>BE PAID</b>                                                                             | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the Medical Social Service Section and secure Information Slip.<br><br>1.1 Fill out the Information Slip and submit the same once accomplished. | 1. Receive the requirements, check as to validity, and issue an Information Slip. Advise the client to fill-out the Information Slip.<br><br>1.1 Receive the accomplished Information Slip.                                                        | None<br><br><br>None                                                                                   | 5 minutes                  | Social Service Staff          |
| 2. Submit to interview.<br><br>2.1 Sign and affix thumbmark on the patient's document/ forms.<br><br>2.2 Secure routing slip.                                                 | 2. Interview the client and accomplish the patient's document/ forms.<br><br>2.1 Request the client to sign and affix his/her signature on the patient's document/forms.<br><br>2.2 Issue the routing slip indicating the client's classification. | None<br><br>None<br><br>None                                                                           | 10 minutes                 | Social Service Staff          |
| <b>TOTAL:</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                    | <b>None</b>                                                                                            | <b>15 minutes</b>          |                               |



## 9. MAYOR'S HELP DESK

The ACHS–Mambugan Mayor's Help Desk is a service that provides medical assistance to the public from the mayor's office such as laboratory and other diagnostic procedures and hospital bills.

|                                                                                                                                                                           |                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                            |                               |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                              | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN<br><b>MAYOR'S HELP DESK</b>                                                                                                                                                                               |                                                                                                                                                                                       |                            |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                                    | Simple                                                                                                                                                                                                                                             |                                                                                                                                                                                       |                            |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                          | G2C – Government to Citizen                                                                                                                                                                                                                        |                                                                                                                                                                                       |                            |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                     | All                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                            |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                          |                                                                                                                                                                                                                                                    | <b>WHERE TO SECURE</b>                                                                                                                                                                |                            |                               |
| 1. Certificate of Indigency – Original and 1 photocopy<br>2. Any government-issued ID card – Original and 1 photocopy<br>3. Medical Certificate- Original and 1 photocopy |                                                                                                                                                                                                                                                    | - Barangay Hall / Mayor's Help Desk<br>- BIR, Post Office, DFA, SSS, GSIS, LTO, COMELEC, or National ID<br>- Within our facility only, CHO and other ACHS branch with referral letter |                            |                               |
| <b>CLIENT STEPS</b>                                                                                                                                                       | <b>AGENCY ACTION</b>                                                                                                                                                                                                                               | <b>FEES TO<br/>BE PAID</b>                                                                                                                                                            | <b>PROCESSING<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| 1. Submit the requirements to the Mayor's Help Desk staff.<br><br>1.1 Fill out the Information Slip and submit the same once accomplished.                                | 1. Receive the requirements and issue an Information Slip.<br><br>1.1 Receive the accomplished Information Slip.                                                                                                                                   | None<br><br>None                                                                                                                                                                      | 5 minutes                  | Mayor's Help Desk Staff       |
| 2. Submit to interview.<br><br>2.1 Sign and affix thumbmark on the patient's document/ forms.<br><br>2.2 Secure routing slip.                                             | 2. Interview the client and accomplish the patient's document/ forms.<br><br>2.1 Request the client to sign and affix his/her signature on the patient's document/forms.<br><br>2.2 Issue the Routing Slip indicating the client's classification. | None<br><br>None<br><br>None                                                                                                                                                          | 10 minutes                 | Mayor's Help Desk Staff       |
| <b>TOTAL:</b>                                                                                                                                                             |                                                                                                                                                                                                                                                    | <b>None</b>                                                                                                                                                                           | <b>15 minutes</b>          |                               |

## 10. PHARMACY SERVICES

The ACHS – Mambugan Pharmacy Service provides integrated, cost effective and patient-focused pharmaceutical services. It includes traditional roles such as dispensing medications on the order of physicians to a modern service related to patient care including reviewing medications for safety and efficacy as well as providing drug information for optimizing patient's therapeutic outcome.

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| <b>OFFICE/ DIVISION:</b>                                                                                                                                                                                | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN<br><b>PHARMACY DEPARTMENT</b>                     |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                  | Simple                                                                                     |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                            | G2C – Government to Citizen                                                                |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                   | Out-patients, In-patients and Emergency Patients                                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                        | <b>WHERE TO SECURE</b>                                                                     |
| 1. Prescription issued by the attending physician<br><br><i>If indigent, senior citizen, PWD or 4P's beneficiary:</i><br>2. Barangay Certificate of Indigency<br>3. Senior Citizen / PWD / 4P's ID card | - Medical Officer / Nurse on duty at OPD/ ER/Ward<br><br>- Barangay Hall<br>- OSCA / CSWDO |

### FOR OUTPATIENTS AND ER PATIENTS:

| CLIENT STEPS                                        | AGENCY ACTION                                                                           | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Show the prescription to the Pharmacist on duty. | 1. Receive the prescription and check the availability of medicines/medical supplies.   | None            | 3 minutes       | Pharmacist         |
| 1.1 None                                            | 1.1 Prepare the charge slip through IHOMIS and attach the printout on the prescription. | None            | 3 minutes       | Pharmacist         |
|                                                     | 1.2 Instruct the patient to have medical assistance on the Mayor's Help Desk.           | None            | 2 minutes       | Pharmacist         |

|                                                                                                                     |                                                                                                            |                                            |           |            |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------|------------|
|                                                                                                                     | 1.3 If the patient decided to pay. Instruct the patient to pay at the Cashier (Window 1).                  | None                                       | 1 minute  | Pharmacist |
| 2. Pay the required fees to the Cashier (Window 1) by showing the Prescription.<br><br>2.1 Secure Official Receipt. | 2. Accept the payment based on the Prescription with price details.<br><br>2.1 Issue the Official Receipt. | Refer to Schedule of Fees on pages 42 - 49 | 3 minutes | Cashier    |

|                                                                                                               |                                                                                                                                                                                                                                                         |                                                   |                            |                              |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------|------------------------------|
| 3. Return to the Pharmacy Section, and present the Official Receipt to claim the medicines/ medical supplies. | 3. Check the Official Receipt, write the Official Receipt number and amount paid in the prescription and issue the medicines/ medical supplies.<br><br>3.1 Check the name of the patient on IHOMIS and issue all the medicines/medical supplies served. | None<br><br>None                                  | 3 minutes<br><br>5 minutes | Pharmacist<br><br>Pharmacist |
|                                                                                                               | <b>TOTAL:</b>                                                                                                                                                                                                                                           | <b>Refer to Schedule of Fees on pages 44 – 51</b> | <b>20 minutes</b>          |                              |

#### FOR IN-PATIENTS:

The Nurse-on-Duty is the one facilitating the request for medicines and or medical supplies to be consumed by in-patients. The quantity of medicines and or medical supplies shall be good for 24 hours. Fees to be paid shall be covered by Charge Slip/s which shall be attached to the hospital bill.

| CLIENT STEPS | AGENCY ACTION                                                                                                                         | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. None      | 1. Distribute copies of the Prescription as follows: Original copy for the Pharmacy Department and 1 photocopy for the Nurse Station. | None            | 3 minutes       | Pharmacist         |
| 2. None      | 2. Prepare the medicines/medical supplies available.                                                                                  | None            | 10 minutes      | Pharmacist         |
|              | 2.1 Record the medicines/medical supplies in the In- Patient Dispensing Log Book.                                                     | None            | 3 minutes       | Pharmacist         |
| 3. None      | 3. Deliver the medicines/medical supplies to the Nurse Station.                                                                       | None            | 5 minutes       | Pharmacist         |
|              |                                                                                                                                       | None            | 2 minutes       | Nurse              |

|  |                                                                                                         |                                          |                   |            |
|--|---------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|------------|
|  | 3.1 Check all the medicines/medical supplies delivered.                                                 | None                                     | 2 minutes         | Nurse      |
|  | 3.2 Acknowledge receipt by signing in the In-Patient Dispensing Log Book.                               | None                                     | 5 minutes         | Pharmacist |
|  | 3.3 Check the name of the patient on IHOMIS. Charge and issue all medicines/medical supplies delivered. |                                          |                   |            |
|  | <b>TOTAL:</b>                                                                                           | (Fees are included in the hospital bill) | <b>30 minutes</b> |            |

## 11. PHILHEALTH / POINT OF SERVICE

In-patients who have no PhilHealth membership or with inactive PhilHealth membership may be enrolled in the Point of Service to be a hospital-sponsored PhilHealth member through the City Government of Antipolo for one (1) year.

Hospital bills of readmitted patients with the same diagnosis under 3 months since last confinement shall, however, be paid on regular rates.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                             |                        |                           |
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| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN <b>PHILHEALTH / POINT OF SERVICE SECTION</b>          |                                                                                                                                                                                                                                                                                                                                                                                             |                        |                           |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Simple                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                             |                        |                           |
| <b>TYPES OF TRANSACTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G2C – Government to Citizen                                                                    |                                                                                                                                                                                                                                                                                                                                                                                             |                        |                           |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Inpatients admitted for more than 24 hours                                                     |                                                                                                                                                                                                                                                                                                                                                                                             |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                      |                        |                           |
| <ol style="list-style-type: none"> <li>1. Verification Slip – to be accomplished by the client</li> <li>2. Certificate of Birth of the patient – 1 photocopy</li> <li>3. Certificate of Birth of PhilHealth member, if any – 1 photocopy</li> <li>4. Any government-issued ID card of the PhilHealth member – 1 photocopy</li> <li>5. Certificate of Marriage, if patient is married – 1 photocopy</li> <li>6. Social Case Abstract – 1 photocopy</li> <li>7. POS Certification – Original</li> <li>8. PMRF, CF1, CF2, CSF – to be accomplished for the client</li> </ol> |                                                                                                | <ul style="list-style-type: none"> <li>- PhilHealth section</li> <li>- PSA / Local Civil Registrar's Office</li> <li>- PSA / Local Civil Registrar's Office</li> <li>- BIR, Post Office, DFA, SSS, GSIS, LTO, Pag-IBIG, COMELEC, PSA (Phil ID / PSN)</li> <li>- PSA / Local Civil Registrar's Office</li> <li>- MSS Section</li> <li>- MSS Section</li> <li>- PhilHealth Section</li> </ul> |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>AGENCY ACTION</b>                                                                           | <b>FEES TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                      | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Patient / patient's watcher (relative/ guardian) – proceed to the PhilHealth section (Window 5) and submit Claim Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. Conduct initial interviews and discuss forms and benefits.                                  | None                                                                                                                                                                                                                                                                                                                                                                                        | 15 minutes             | PhilHealth Staff Window 5 |
| 1.2 Submit the duly accomplished Blank PhilHealth form to POS for interview and verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.2 Receive the Verification Slip and check the status of the patient's if qualified to POS.   | None                                                                                                                                                                                                                                                                                                                                                                                        | 5 minutes              | MSS Section               |
| 2. Submit to interview.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. Interview the client for the information needed in filling out the PMRF, CF1, CF2, and CSF. | None                                                                                                                                                                                                                                                                                                                                                                                        | 20 minutes             | MSS Section               |

|                                                                                                                             |                                                              |             |                   |                           |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------|-------------------|---------------------------|
| 2.1 Review the contents of the PMRF, CF1, CF2 and CSF and sign the same (or affix thumbmark thereon), submit once in order. | 2.1 Receive the forms from the client and review thoroughly. | None        | 3 minutes         | PhilHealth Staff Window 5 |
| 2.4 Provide contact number for feedback purposes.                                                                           | 2.4 Get the client's contact number for feedback purpose     | None        | 2 minutes         | PhilHealth Staff Window 5 |
|                                                                                                                             | <b>TOTAL:</b>                                                | <b>None</b> | <b>45 minutes</b> |                           |

## 12. PHYSICAL MEDICINE AND REHABILITATION SERVICES

The Physical Medicine and Rehabilitation Department of ACHS–Mambugan provides the highest quality care and service for all in preventing, evaluating and treating human illnesses. Physical Therapy outcomes are restoration, improvement, or maintenance of the patient's optimal level of functioning, self-care, self-responsibilities, independence, and quality of life.

|                                                           |                                                                                                    |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>OFFICE/ DIVISION:</b>                                  | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN<br><b>PHYSICAL MEDICINE AND REHABILITATION DEPARTMENT</b> |
| <b>CLASSIFICATION:</b>                                    | Simple                                                                                             |
| <b>TYPES OF TRANSACTION:</b>                              | G2C – Government to Citizen                                                                        |
| <b>WHO MAY AVAIL:</b>                                     | All                                                                                                |
| <b>CHECKLIST OF REQUIREMENTS</b>                          | <b>WHERE TO SECURE</b>                                                                             |
| 1. Referral Slip – Original copy<br>2. Prescription Order | - OPD, ACHS-Mambugan / Other Hospital<br>- OPD, ACHS-Mambugan / Other Hospital                     |

### FOR OUT-PATIENT REFERRED BY PHYSIATRIST OR NON-PHYSIATRIST:

| CLIENT STEPS                                                                                             | AGENCY ACTION                                                                                              | FEES TO BE PAID                                                    | PROCESSING TIME | PERSON RESPONSIBLE |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------|--------------------|
| 1. Visit the ACHS – Mambugan Rehabilitation Department and show the Referral Slip.                       | 1. Receive the Referral Slip.                                                                              | None                                                               | 1 minute        | Physical Therapist |
| 1.1 Advised patient for queueing                                                                         | 1.1 Receive the referral slip. Direct the patient towards the Rehab. Department Waiting Area.              | None                                                               | 2 minutes       | Physical Therapist |
| 2. Once called, submit to physical examination, evaluation and management and secure Prescription Order. | 2. Get the patient's history, conduct physical examination of the patient, and issue a Prescription Order. | None                                                               | 30 minutes      | Physiatrist        |
| 2.1 If the patient is for Musculoskeletal (MSK) Ultrasound, proceed to Radiology department              | 2.1 Proceed to radiology department for procedure of Ultrasound                                            | PHP 1,200 Musculoskeletal (MSK) Ultrasound<br>PHP 360 Reader's fee | 30 minutes      | Physical Therapist |

|                                                                   |                                                                                 |      |           |                          |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------|------|-----------|--------------------------|
| 3. Submit the Prescription Order to the Chief Physical Therapist. | 3. Receive the Prescription Order and provide a schedule of treatment sessions. | None | 2 minutes | Chief Physical Therapist |
| 3.1 Schedule of treatment session                                 | 3.1 Issue the patient's attendance stub and the Charge Slip.                    | None | 1 minute  | Physical Therapist       |

|                                                                   |                                                                                                                                   |                                                                                                                                                                                                                            |            |                                        |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------|
| 4. Submit the charge slip to Mayor's Help Desk                    | 4. Receive the charge slip                                                                                                        | (Refer to City Ordinance 2024-1111)                                                                                                                                                                                        | 30 minutes | Social Worker<br>Mayor Help Desk Staff |
| 4.1 Proceed to Mayor's Help Desk for interview and classification | 4.1 Interview and assess the client and recommend discounted amounts corresponding to the patient's social classification/status. | <p>PHP 400.00 – Maximum of 2 modalities/session</p> <p>PHP 90.00 for every additional modality</p> <p>PHP 300</p> <p>Extracorporeal Shockwave Therapy</p> <p>PHP 300</p> <p>Exercise only – Patient without modalities</p> |            |                                        |



|                                                                                                                                       |                                                                                                 |                                                 |                            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------|--------------------|
| 4 . Return to the Rehabilitation Department for treatment, show the stamped Charge Slip and APPROVED by the Mayor's Help Desk Center. | 4. Check the stamped Charge Slip and APPROVED by the Mayor's Help Desk Center.                  | None                                            | 1 minute                   | Physical Therapist |
| 5.1 Proceed to rehabilitation for treatment                                                                                           | 5.1 Conduct assessment, evaluation and intervention (modalities, stretching and exercises)      | None                                            | 1 hour                     | Physical Therapist |
| 6. Receive further advice and instruction regarding the re- evaluation of the Physiatrist.                                            | 6. Provide a schedule of follow-up rehabilitation and issue another Prescription Order, if any. | None                                            | 30 minutes                 | Physiatrist        |
|                                                                                                                                       | <b>TOTAL:</b>                                                                                   | <b>Refer to Schedule of Fees on pages 44-51</b> | <b>3 hours, 10 minutes</b> |                    |

**FOR IN-PATIENT:**

| CLIENT STEPS                            | AGENCY ACTION                                                                                                                                                               | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------------------|
| 1. Follow instructions of Nurse on Duty | 1. Informs the Physiatrist and Chief PT for the referral                                                                                                                    | None            | 2 minutes       | Nurse on duty      |
| 1.1 None                                | 1.1 PT gathers all important details about the patient (name, age/sex, ward/bed number, case/diagnosis, referring MD, date of referral, date of confinement, nurse on duty) | None            | 3 minutes       | Physical Therapist |

|                                                     |                                                           |      |           |                    |
|-----------------------------------------------------|-----------------------------------------------------------|------|-----------|--------------------|
| 2. Patient was endorsed to Chief Physical Therapist | 2.1 Informs the Chief Physical Therapist for the referral | None | 2 minutes | Physical Therapist |
|-----------------------------------------------------|-----------------------------------------------------------|------|-----------|--------------------|

|                                                                      |                                                                                                                                                                |                                                                                                                                                                                                                      |            |                          |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|
| 3. Patient was endorsed to Physiatrist                               | 3.1 Informs the Physiatrist all details about the patient                                                                                                      | None                                                                                                                                                                                                                 | 3 minutes  | Chief Physical Therapist |
|                                                                      | 3.2 Physiatrist reviews medical charts, visits, and assesses the patient.<br><br>3.3 Physiatrist writes down notes and prescription order in the medical chart | None                                                                                                                                                                                                                 | 30 minutes | Physiatrist              |
| 4. Patient referred to Chief Physical Therapist to deck the patients | 4.1 Scheduling of treatment session                                                                                                                            | None                                                                                                                                                                                                                 | 2 minutes  | Chief Physical Therapist |
| 5. Physical Therapist proceed to ward for treatment                  | 5. PT Assessment, Evaluation and Intervention (modalities, stretching and exercises)                                                                           | PHP 400.00 – Maximum of 2 modalities/s ession<br><br>PHP 90.00 for every additional modality<br><br>PHP 300<br><br>Extracorporeal Shockwave Therapy<br><br>PHP 300<br><br>Exercise only – Patient without modalities | 1 hour     | Physical Therapist       |

|                                               |                                                                                                     |                                                                                                                                                                                                       |                            |                    |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| 6. After treatment, charging of required fees | 6. Charged to iHOMIS                                                                                | PHP 400.00 – Maximum of 2 modalities/session<br><br>PHP 90.00 for every additional modality<br><br>PHP 300 Extracorporeal Shockwave Therapy<br><br>PHP 300 Exercise only – Patient without modalities | 5 minutes                  | Physical Therapist |
| 7. Re-evaluation by ACHS Annex IV Physiatrist | 7. If condition improve, discontinue physical therapy<br><br>If discharge, patient follow up as OPD | None                                                                                                                                                                                                  | 30 minutes                 | Physiatrist        |
|                                               | <b>TOTAL:</b>                                                                                       | <b>None</b><br>(Fees are included in the hospital bill)                                                                                                                                               | <b>2 hours, 17 minutes</b> |                    |

### 13. RADIOLOGY SERVICES

Radiology services of ACHS–Mambugan include the administration and provision of X-ray, Ultrasound, ECG, 2D Echocardiogram and CT scan procedures. ACHS–Mambugan (Radiology Department) aims to help physicians in the diagnosis of certain diseases through diagnostic imaging/examinations through digitalization to ensure reliable results and prompt integration of X-Ray reports.

| PROCEDURE  | With PREPARATIONS (OPD/ INPT)                                                                                     | GUIDELINES                                                                                              |
|------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| ULTRASOUND | <b>KUB/ KUB-PROSTATE-</b><br>Patient should drink 1-2L of water to fill the bladder                               | No voiding until procedure has been done.                                                               |
|            | <b>WHOLE ABDOMEN-</b><br>fasting at least 8 hours (patient w/removed gallbladder fasting for at least 4 hours.    | No fluid, no food intakes and for at least 4-8 hours and No voiding 2-3 hours prior to the procedure.   |
|            | <b>TRANSRECTAL-</b> No food intake at least 4hours prior to procedure and insert Dulcolax suppository (by rectum) | Patient with no sexual experiences is advised for transrectal with parental consent below 18 years old. |
|            | <b>BREAST-</b> 10 days after menstrual period.                                                                    |                                                                                                         |

#### SCHEDULE OF RELEASE OF RESULTS

|            |                                                         |
|------------|---------------------------------------------------------|
| X-RAY      | 3 days after procedure (after 72 hours)                 |
| ULTRASOUND | 1 day after procedure (within 24 hours)                 |
| ECG        | 3 days after procedure (after 72 hours)                 |
| 2D ECHO    | 5-7 days after procedure (maximum of 10-15 days period) |
| CT SCAN    | 3 days after procedure (after 72 hours)                 |

|                                       |                                                                         |
|---------------------------------------|-------------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>          | ANTIPOLO CITY HOSPITAL SYSTEM – MAMBUGAN<br><b>RADIOLOGY DEPARTMENT</b> |
| <b>CLASSIFICATION:</b>                | Simple                                                                  |
| <b>TYPES OF<br/>TRANSACTION:</b>      | G2C – Government to Citizen                                             |
| <b>WHO MAY AVAIL:</b>                 | All                                                                     |
| <b>CHECKLIST OF<br/>REQUIREMENTS</b>  | <b>WHERE TO SECURE</b>                                                  |
| 1. Radiology/ Diagnostic Request Form | - Attending Physician/ OPD (from another hospital/clinic)               |
| 2. Patient Record Form                | - OPD / ER of ACHS–Mambugan                                             |

**FOR OUT-PATIENTS:**

| CLIENT STEPS                                                                                                        | AGENCY ACTION                                                                                                                                                                                                                                                               | FEES TO BE PAID                            | PROCESSING TIME | PERSON RESPONSIBLE      |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------|-------------------------|
| 1. The patient or relative may proceed and present the request to the Radiology Department and ask for a quotation. | 1. Receive the request and verify patient details. Afterwards, give a quotation and instruct the patient to proceed to the Mayor's Help Desk for assessment.<br><br>* For 2D ECHO, CT SCAN, and MRI procedures, after assessment in the Mayor's Help Desk, give a schedule. | None                                       | 5 minutes       | Radiology Receptionist  |
| 2. For Pay-patients proceed to the Cashier (Window 1), settle the required fees and secure Official Receipt         | 2. Receive the official receipt.                                                                                                                                                                                                                                            | Refer to Schedule of Fees on pages 44 – 51 | 3 minutes       | Cashier                 |
| 2.1 For Indigent patients proceed to the Mayor's Help Desk for approval                                             | 2.1 Ask for the approved request form.                                                                                                                                                                                                                                      | None                                       | 3 minutes       | Radiologic Technologist |

|                                                 |                                                                                                                                      |                                                 |                   |                         |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|-------------------------|
| 3. Undergo the required diagnostic procedure/s. | 3. Perform the necessary diagnostic procedure/s, record patient's information and inform him/her of the release date of the result/s | None                                            | 20 minutes        | Radiologic Technologist |
|                                                 | <b>TOTAL:</b>                                                                                                                        | <b>Refer to Schedule of Fees on pages 44-51</b> | <b>31 minutes</b> |                         |

**FOR IN-PATIENTS:**

| CLIENT STEPS                                                                                                                                                                | AGENCY ACTION                                                                                                | FEES TO BE PAID                                         | PROCESSING TIME   | PERSON RESPONSIBLE      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------|-------------------------|
| 1. The Nurse-on-duty will provide the requested procedure to the Radiology Department.                                                                                      | 1. The Radiologic Technologist will verify patient details, diagnosis, and procedure written on the request. | None                                                    | 5 minutes         | Nurse on Duty           |
| 2. Undergo the required diagnostic procedure/s.                                                                                                                             | 2. Perform the necessary diagnostic procedure/s, and record patient's information.                           | None                                                    | 15 minutes        | Radiologic Technologist |
| 3. Assisted by an institutional worker, return to the assigned ward after the diagnostic procedure/s. Wait for the instruction on the result of the diagnostic procedure/s. | 3. Return the patient by wheel chair or stretcher bed back to his/her ward.                                  | None                                                    | 5 minutes         | Institutional Worker    |
|                                                                                                                                                                             | <b>TOTAL:</b>                                                                                                | <b>None</b><br>(Fees are included in the hospital bill) | <b>25 minutes</b> |                         |

### 13.BILLING SECTION

Billing section of ACHS IV – Mambugan provides the Statement of Account of patients, mostly for admitted patients. The billing section promotes transparency with the patients' records and charges and swift processing of billing systems through digitalization efforts to ensure accuracy of patients' charges within the facility during their stay.

|                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                |                         |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                                                                                                                         | ANTIPOLO CITY HOSPITAL SYSTEM ANNEX IV-MAMBUGAN<br>BILLING SECTION                                                |                                                                                                                                                                |                         |                                     |
| <b>CLASSIFICATION:</b>                                                                                                                                                                                                                               | Simple / Complex / Highly Technical                                                                               |                                                                                                                                                                |                         |                                     |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                                                                                                                     | G2C – Government to Citizen                                                                                       |                                                                                                                                                                |                         |                                     |
| <b>WHO MAY AVAIL:</b>                                                                                                                                                                                                                                | Admitted patients                                                                                                 |                                                                                                                                                                |                         |                                     |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                                                                                                     |                                                                                                                   | <b>WHERE TO SECURE</b>                                                                                                                                         |                         |                                     |
| 1. Discharge summary<br>2. Statement of Account (SOA)<br><br>For PhilHealth beneficiaries:<br>3. Claim Forms<br><br>For non-PhilHealth patients:<br>4. Completely filled out General Intake Sheet<br><br>For paying patients:<br>5. Official Receipt |                                                                                                                   | - Ward Nurse Station<br>- Billing Section<br><br>- PhilHealth Section (Admin Office Window 5)<br><br>- Mayor's Help Desk / Medical Social Service<br>- Cashier |                         |                                     |
| <b>CLIENT STEPS</b>                                                                                                                                                                                                                                  | <b>AGENCY ACTION</b>                                                                                              | <b>FEES TO BE PAID</b>                                                                                                                                         | <b>TURN AROUND TIME</b> | <b>PERSON RESPONSIBLE</b>           |
| 1 .Patient's watcher (relative/guardian) – Secure Discharge Order from the Nurse Station.                                                                                                                                                            | 1. Issue discharge order and discharge summary duly signed by the attending Physician                             | None                                                                                                                                                           | 5 minutes               | Attending Physician / Nurse on Duty |
| 1.1. None                                                                                                                                                                                                                                            | 1.1. Forward the patient's chart to PhilHealth section for ICD-10 encoding and benefits deduction (if applicable) | None                                                                                                                                                           | 10 minutes              | Nurse on Duty                       |
| 2. None                                                                                                                                                                                                                                              | 2. Forward patient's chart to Billing section for the preparation of Statement of Account (SOA)                   | None                                                                                                                                                           | 5 minutes               | PhilHealth/ Claims Clerk            |

|                 |                                                                                       |      |            |               |
|-----------------|---------------------------------------------------------------------------------------|------|------------|---------------|
| 2.2. Secure SOA | 2.2. For PhilHealth beneficiaries: Have the relative sign the SOA and grant clearance | None | 5 minutes  | Billing Clerk |
|                 | For non-PhilHealth patients: Endorse the                                              | None | 30 minutes |               |

|                                                      |                                                                                                                                             |                                                                                                          |            |                                        |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------|----------------------------------------|
| Follow instructions of Billing Clerk / Social Worker | patient together with their SOA to the Mayor's Help Desk/Medical Social Service for assessment. If the final bill is zero, grant clearance. | Refer to Schedule of Fees on pages 36 to 42, as prescribed under City Ordinance No. 2018-879, as amended | 3 minutes  | Billing Clerk / Social Worker          |
| Proceed to cashier                                   | For paying patients: Forward the patient's SOA to the cashier for payment. After payment, grant clearance.                                  |                                                                                                          |            | Cashier                                |
| 3. Wait for Nurse on Duty's discharge instructions   | 3. If patient is cleared for billing, grant clearance on IHOMIS Hospital Clearance System. Send patient's chart toward's Nurse Station      | None                                                                                                     | 5 minutes  | Billing Clerk                          |
|                                                      | <b>TOTAL:</b>                                                                                                                               | Refer to Schedule of Fees on pages 44 to 51, as prescribed under City Ordinance No. 2018-879, as         | 30 minutes | PhilHealth beneficiaries, Pay patients |
|                                                      |                                                                                                                                             |                                                                                                          | 63 minutes | non-PhilHealth patients                |



## 14.DIETARY SERVICES

The ACHS – Mambugan Dietary Services provide excellent service in the field of Nutrition and Dietetics that is nutritionally adequate, clean and safe food to benefit the patients.

|                                      |                                                                    |
|--------------------------------------|--------------------------------------------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>         | ANTIPOLO CITY HOSPITAL SYSTEM ANNEX IV-MAMBUGAN<br>DIETARY SECTION |
| <b>CLASSIFICATION:</b>               | Simple                                                             |
| <b>TYPES OF TRANSACTION:</b>         | G2C – Government to Citizen                                        |
| <b>WHO MAY AVAIL:</b>                | IN and Out patient                                                 |
| <b>CHECKLIST OF<br/>REQUIREMENTS</b> | <b>WHERE TO SECURE</b>                                             |
| 1. Referral Slip                     | - Attending Physician                                              |
| 2. Laboratory Results                | - Laboratory                                                       |

### FOR OUT-PATIENTS:

| CLIENT STEPS                                      | AGENCY ACTION                                                                                                                            | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE    |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------|
| 1. None                                           | 1. Receives a call from the OPD Department.                                                                                              | None               | 1 minute           | Nursing Assistant        |
| 2. Presents referral form for Dietary counselling | 2. Receives the OPD chart of patient                                                                                                     | None               | 1 minute           | Nutritionist - Dietitian |
| 3. Receives nutritional assessment and counseling | 3. Performs Nutritional Assessment based on the anthropometric data and medical diagnosis, interviews patients on food intake/preference | None               | 10 minutes         | Nutritionist – Dietitian |
|                                                   | 3.1 Compute for the patient's body mass index (BMI) determine Nutritional status and calculate recommended intake.                       | None               | 5 minutes          | Nutritionist – Dietitian |
|                                                   |                                                                                                                                          | None               | 10 minutes         | Nutritionist – Dietitian |

|  |                                   |  |  |  |
|--|-----------------------------------|--|--|--|
|  | 3.2 Prepared patients' meal plan. |  |  |  |
|--|-----------------------------------|--|--|--|

|  |                                                               |             |                   |                          |
|--|---------------------------------------------------------------|-------------|-------------------|--------------------------|
|  | 3.3. Nutrition counselling for intervention of IEC materials. | None        | 20 minutes        | Nutritionist - Dietitian |
|  | <b>TOTAL:</b>                                                 | <b>None</b> | <b>47 minutes</b> |                          |

**FOR IN-PATIENTS:**

| CLIENT STEPS                                      | AGENCY ACTION                                                                                                                            | FEES TO BE PAID | PROCESSING TIME   | PERSON RESPONSIBLE       |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------------|
| 1. None                                           | 1. Receives a referral through phone call from ward.<br><br>1.1 Endorse a patient those who has referral from attending physician.       | None            | 2 minutes         | Nursing on Duty          |
| 2. None                                           | 2. Check the patient's chart.                                                                                                            | None            | 3 minutes         | Nutritionist - Dietitian |
| 3. Receives nutritional assessment and counseling | 3. Performs Nutritional Assessment based on the anthropometric data and medical diagnosis, interviews patients on food intake/preference | None            | 10 minutes        | Nutritionist – Dietitian |
|                                                   | 3.1 Computers for the patient's body mass index (BMI) determine Nutritional status and calculate recommended intake.                     | None            | 5 minutes         | Nutritionist – Dietitian |
|                                                   | 3.2 Prepares patients' meal plan.                                                                                                        | None            | 10 minutes        | Nutritionist – Dietitian |
|                                                   | 3.3 Nutrition counselling for intervention of IEC materials.                                                                             | None            | 20 minutes        | Nutritionist - Dietitian |
|                                                   | 3.4 Fill -up the NCP form.                                                                                                               | None            | 5 minutes         | Nutritionist - Dietitian |
|                                                   | <b>TOTAL:</b>                                                                                                                            | <b>None</b>     | <b>55 minutes</b> |                          |

## 15.RESPONSE TO CITIZEN'S COMPLAINT

ACHS IV – Mambugan addresses all complaints, including patient experiences, staff conduct, unfair practices, alleged mismanagement, and other related concerns.

|                                                                                                                                                          |                                                                                                                                                                                                                                                     |                            |                                 |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|-------------------------------|
| <b>OFFICE/<br/>DIVISION:</b>                                                                                                                             | ANTIPOLO CITY HOSPITAL SYSTEM ANNEX IV-MAMBUGAN<br>ADMINISTRATIVE OFFICE                                                                                                                                                                            |                            |                                 |                               |
| <b>CLASSIFICATION:</b>                                                                                                                                   | Highly Technical                                                                                                                                                                                                                                    |                            |                                 |                               |
| <b>TYPES OF<br/>TRANSACTION:</b>                                                                                                                         | G2C – Government to Citizen                                                                                                                                                                                                                         |                            |                                 |                               |
| <b>WHO MAY AVAIL:</b>                                                                                                                                    | All                                                                                                                                                                                                                                                 |                            |                                 |                               |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                         |                                                                                                                                                                                                                                                     | <b>WHERE TO SECURE</b>     |                                 |                               |
| 1. Formal letter of complaint indicating among others the nature of the complaint, and name of the subject.<br><br>2. Other supporting documents, if any |                                                                                                                                                                                                                                                     | - Concerned Citizen        |                                 |                               |
| <b>CLIENT STEPS</b>                                                                                                                                      | <b>AGENCY ACTION</b>                                                                                                                                                                                                                                | <b>FEES TO<br/>BE PAID</b> | <b>TURN<br/>AROUND<br/>TIME</b> | <b>PERSON<br/>RESPONSIBLE</b> |
| Application                                                                                                                                              |                                                                                                                                                                                                                                                     |                            |                                 |                               |
| 1. Submit the requirements to the admin office of ACHS IV – Mambugan                                                                                     | 1. Receive the requirements and file the complaint thru Grievance committee                                                                                                                                                                         | None                       | 1 day                           | Admin staff                   |
| If via email, send the requirements to <a href="mailto:achsmambugan@gmail.com">achsmambugan@gmail.com</a>                                                | Acknowledge receipt of the email and file the complaint thru Grievance committee<br><br>* Complaints lodged thru telephone, email, or any social media channels shall be acknowledged by the admin office and proceed to process the said complaint | None                       | 1 day                           | Admin staff                   |



## SCHEDULE OF FEES

| LABORATORY                                    |        |                                 |          |
|-----------------------------------------------|--------|---------------------------------|----------|
| HEMATOLOGY                                    | PRICE  | CLINICAL MICROSCOPY             | PRICE    |
| CBC w/ Platelet Count                         | 200.00 | KOH                             | 150.00   |
| Clotting Time and Bleeding Time (CT/BT)       | 150.00 | Gram Stain                      | 100.00   |
| Peripheral Blood Smear (PBS)                  | 200.00 | Acid Fast Bacilli (FAB)         | 100.00   |
| Prothrombin Time (PT)                         | 400.00 |                                 |          |
| activated Partial Thromboplastine Time (aPTT) | 400.00 | <b>BLOOD STATION</b>            |          |
| PT + aPTT                                     | 700.00 | Blood Typing w/ RH              | 200.00   |
| Malaria Thin & Thick Smear                    | 100.00 | Crossmatching (Tube Method)     | 200.00   |
|                                               |        |                                 |          |
| <b>CLINICAL CHEMISTRY</b>                     |        | <b>SEROLOGY</b>                 |          |
| Hemoglobin A1c (Hba1c)                        | 500.00 | HBsAg screening (Rapid Test)    | 200.00   |
| FBS / RBS / 2PPBS                             | 120.00 | Syphilis Screening (Rapid Test) | 200.00   |
| Oral Glucose Tolerance Test (OGTT)            | 400.00 | HIV Screening                   | 200.00   |
| Blood Uric Acid (BUA)                         | 100.00 | COVID-19 Rapid Antigen Test     | 500.00   |
| Blood Urea Nitrogen (BUN)                     | 100.00 | Dengue NS1                      | 800.00   |
| Creatinine                                    | 100.00 | Dengue Duo                      | 1,400.00 |
| Cholesterol                                   | 100.00 |                                 |          |
| Triglyceride                                  | 100.00 | <b>CERVICAL CYTOLOGY</b>        |          |
| AST/SGOT                                      | 150.00 | Pap Smear                       | 150.00   |
| ALT/SGPT                                      | 150.00 |                                 |          |
| LIPID PROFILE                                 | 500.00 | <b>NEWBORN SCREENING</b>        |          |
| Electrolytes:                                 |        |                                 |          |
| Package 1: Na, K, Cl                          | 500.00 | Expanded Newborn Screening Test |          |
| Package 2: Na, K, Cl, ICa                     | 600.00 | With Philhealth                 | 1,750.00 |
|                                               |        | Without Philhealth              | 1,800.00 |
| <b>CLINICAL MICROSCOPY</b>                    |        |                                 |          |
| Urinalysis (UA)                               | 60.00  |                                 |          |
| Fecalalysis (FA)                              | 60.00  |                                 |          |
| Fecal Occult Blood Test (FOBT)                | 200.00 |                                 |          |
| Pregnancy Test                                | 100.00 |                                 |          |
| Wet Mount                                     | 150.00 |                                 |          |

| RADIOLOGY             |          |                                        |          |
|-----------------------|----------|----------------------------------------|----------|
| XRAY                  | PRICE    | ULTRASOUND                             | PRICE    |
| ABDOMEN               | 500.00   | CHEST (BOTH)                           | 1,000.00 |
| ANKLE + MORTISE VIEW  | 600.00   | CRANIAL                                | 600.00   |
| APICOLORDOTIC VIEW    | 200.00   | BREAST                                 | 1,200.00 |
| ARM APL               | 400.00   | THYROID NECK                           | 500.00   |
| (B) ARMS              | 700.00   | HEPATOBIILIARY TREE (LIVER, GB, BT)    | 1,000.00 |
|                       | 300.00   | UPPER ABDOMEN                          | 1,000.00 |
| BABYGRAM              |          |                                        |          |
|                       |          | LOWER ABDOMEN (KUB, PROSTATE, INGUINO) | 1,000.00 |
| BARIUM SWALLOW        | 1,000.00 | WHOLE ABDOMEN                          | 1,500.00 |
| CERVICAL SPINE APL    | 400.00   | KUB                                    | 900.00   |
| CHEST PA              | 350.00   | KUB/PROSTATE                           | 1,000.00 |
| CHEST PAL/APL (PEDIA) | 450.00   | PROSTATE/SCROTUM                       | 450.00   |
| CLAVICLE              | 300.00   |                                        |          |

|                                           |           |                                        |          |
|-------------------------------------------|-----------|----------------------------------------|----------|
| (B) CLAVICLES                             | 500.00    | PELVIC (PREGNANT/NON-PREGNANT)         | 500.00   |
| ELBOW APL                                 | 400.00    | PELVIC WITH BPS                        | 800.00   |
|                                           | 700.00    | PELVIC (TWINS)                         | 900.00   |
| (B) ELBOWS                                |           |                                        |          |
| OT APO / ANKLE                            | 450.00    | TRANSVAGINAL/TRANSRECTAL               | 700.00   |
| (B) FEET / ANKLE                          | 800.00    | BIOPHYSICAL SCORING WITH PELVIC        | 800.00   |
|                                           |           | BIOPHYSICAL SCORING WITH DOPPLER       | 1,400.00 |
| FOREARM APL                               | 400.00    | TWINS (OB DOPPLER)                     | 1,800.00 |
| (B) FOREARMS                              | 700.00    |                                        |          |
| HAND APO                                  | 450.00    |                                        |          |
| (B) HANDS                                 | 800.00    | SINGLE ORGAN ULTRASOUND                |          |
| HIP                                       | 350.00    | LIVER                                  | 450.00   |
|                                           | 700.00    | GALLBLADDER                            | 450.00   |
| (B) HIPS / PELVIS                         |           |                                        |          |
| EE APL                                    | 400.00    | PANCREAS                               | 450.00   |
|                                           |           | SPLEEN                                 | 450.00   |
| ECG / 2D ECHO                             |           | BILLIARY TREE                          | 450.00   |
| ECG                                       | 300.00    | ABDOMINAL AORTA                        | 500.00   |
| 2D ECHOCARDIOGRAPHY                       | 4,000.00  | KIDNEYS                                | 450.00   |
|                                           |           | URINARY                                | 450.00   |
|                                           |           |                                        |          |
| CT SCAN                                   |           | CT SCAN                                |          |
|                                           |           |                                        |          |
| CERVICAL (PLAIN)                          | 5,500.00  | LUMBAR OR LUMBOSACRAL SPINE (CONTRAST) | 7,340.00 |
|                                           |           |                                        |          |
| CERVICAL NECK CONTRAST                    | 6,100.00  | LUMBAR OR LUMBOSACRAL SPINE (PLAIN)    | 2,980.00 |
| CERVICAL NECK PLAIN                       | 3,100.00  | MANDIBLE PLAIN                         | 4,000.00 |
| CERVICAL SPINE (CONTRAST)                 | 4,100.00  | MANDIBLE WITH CONTRAST                 | 7,900.00 |
| CHEST (CONTRAST)                          | 7,340.00  | MASTOID WITH CONTRAST                  | 6,900.00 |
|                                           |           |                                        |          |
| CHEST (HIGH RESOLUTION)                   | 4,500.00  | NASOPHARYNX OR ORAL CAVITY (PLAIN)     | 2,850.00 |
|                                           | 2,950.00  | NASOPHARYNX WITH CONTRAST              | 5,850.00 |
| CHEST (PLAIN)                             |           |                                        |          |
|                                           |           |                                        |          |
| CHEST AND UPPER ABDOMEN PLAIN             | 7,750.00  | NASOPHARYNX OR ORAL CAVITY (CONTRAST)  | 7,340.00 |
| CHEST AND UPPER ABDOMEN WITH CONTRAST     | 10,250.00 | NECK-ROUTINE                           | 3,100.00 |
| CHEST AND WHOLE ABDOMEN IV, ORAL & RECTAL | 19,750.00 | NECK-ROUTINE WITH CONTRAST             | 7,340.00 |

|                                      |           |                            |          |
|--------------------------------------|-----------|----------------------------|----------|
| CHEST AND WHOLE ABDOMEN IV, ORAL     | 16,750.00 | ORBITAL CT SCAN (CONTRAST) | 5,580.00 |
|                                      | 5,200.00  | ORBITAL CT SCAN (PLAIN)    | 2,850.00 |
| CRANIAL WITH ADRENAL CUTS            |           |                            |          |
| CONTRAST MEDIA/NON-IONIC 50cc        | 3,000.00  | ORBITS                     | 3,200.00 |
| CRANIAL (CONTRAST)                   | 5,100.00  | ORBITS WITH CONTRAST       | 6,100.00 |
| CRANIAL (PLAIN)                      | 2,850.00  | PAROTID PLAIN              | 3,100.00 |
| CRANIAL (PLAIN) W/ 3D RECONSTRUCTION | 4,000.00  | PAROTID WITH CONTRAST      | 6,100.00 |
|                                      |           |                            |          |
| CRANIAL W/ 2MM POSTERIOR FOSSAE      | 4,100.00  | PELVIC / HIP PLAIN         | 2,850.00 |
| CRANIAL W/ FACIAL AXIAL / CORONAL    |           |                            |          |
| CUTS (CONTRAST)                      | 7,100.00  | PELVIC / HIP WITH CONTRAST | 5,850.00 |
| CRANIAL W/ ORBITAL CUTS (PLAIN)      | 4,250.00  | PNS (CONTRAST)             | 5,580.00 |

|                                        |           |                                       |           |
|----------------------------------------|-----------|---------------------------------------|-----------|
| CRANIAL W/ ORBITAL CUTS<br>(CONTRAST ) | 7,100.00  | PNS (PLAIN)                           | 2,850.00  |
| CT MYELO                               | 3,320.00  | PULMONARY                             | 8,300.00  |
| CT OROPHARYNX PLAIN                    | 4,540.00  | SELLA CT SCAN                         | 3,100.00  |
| CT OROPHARYNX WITH CONTRAST            | 7,540.00  | STONOGAM                              | 6,500.00  |
| CT UROGRAPHY                           | 7,920.00  | THORACIC SPINE (CONTRAST)             | 7,340.00  |
| REMITIES BILATERAL CONTRAST            | 12,000.00 | THORACIC SPINE (PLAIN)                | 2,850.00  |
| EXTREMITIES BILATERAL PLAIN            | 9,000.00  | THORACOLUMBAR CT SCAN                 | 7,300.00  |
| EXTREMITIES (UPPER)                    | 2,950.00  | UPPER ABDOMEN (PLAIN)                 | 4,800.00  |
| FACIAL BONE CONTRAST                   | 7,540.00  | UPPER ABDOMEN (CONTRAST)              | 7,800.00  |
| FACIAL BONE PLAIN                      | 3,500.00  | WHOLE ABDOMEN (IV CONTRAST)           | 11,800.00 |
| LOWER ABDOMEN (CONTRAST)               | 6,970.00  | WHOLE ABDOMEN (PLAIN)                 | 800.00    |
| LOWER ABDOMEN (PLAIN)                  | 5,175.00  | WHOLE ABDOMEN WITH TRIPLE<br>CONTRAST | 16,800.00 |
| LOWER ABDOMEN (ROUTINE)                | 2,850.00  | ZYGOMA                                | 5,700.00  |
| <b>MRI</b>                             |           |                                       |           |
| CRANIAL MRI (PLAIN)                    | 7,170.00  | LUMBAR/LUMBOSACRAL PLAIN              | 7,170.00  |
| CRANIAL MRI (W/ CONTRAST)              | 14,450.00 | LUMBAR/LUMBOSACRAL W/<br>CONTRAST     | 14,450.00 |
| HEAD STROKE IAC SELLA                  | 7,000.00  | WHOLE ABDOMEN PLAIN                   | 8,700.00  |
| NECK MRI                               | 6,400.00  | WHOLE ABDOMEN W/ CONTRAST             | 18,980.00 |
| CHEST PLAIN                            | 7,170.00  | PELVIS PLAIN                          | 7,170.00  |
| CHEST CONTRAST                         | 15,980.00 | PELVIS W/ CONTRAST                    | 14,450.00 |
| CERVICAL SPINE PLAIN                   | 7,170.00  | ELBOW PLAIN                           | 7,170.00  |
| CERVICAL SPINE W/ CONTRAST             | 15,980.00 | HAND/WRIST PLAIN                      | 7,170.00  |
| KNEE PLAIN                             | 7,170.00  | HAND/WRIST W/ CONTRAST                | 14,450.00 |
| KNEE W/ CONTRAST                       | 14,450.00 | UPPER EXTREMITIES PLAIN               | 8,700.00  |
| SHOULDER PLAIN                         | 7,170.00  | UPPER EXTREMITIES W/ CONTRAST         | 15,980.00 |
| SHOULDER W/ CONTRAST                   | 15,980.00 | FEMUR PLAIN                           | 8,700.00  |
| HIP                                    | 6,325.00  | FEMUR W/ CONTRAST                     | 15,980.00 |
| ORBIT PLAIN                            | 7,170.00  | FOOT/ANKLE PLAIN                      | 7,170.00  |
| ORBIT W/ CONTRAST                      | 14,450.00 | FOOT/ANKLE W/ CONTRAST                | 14,450.00 |
| FACIAL PLAIN                           | 7,170.00  | MRA PLAIN                             | 7,170.00  |
| FACIAL W/ CONTRAST                     | 14,450.00 | MRA W/ CONTRAST                       | 14,450.00 |
| THORACIC PLAIN                         | 7,170.00  | MRCP PLAIN                            | 8,700.00  |
| THORACIC W/ CONTRAST                   | 14,450.00 | MRCP W/ CONTRAST                      | 15,980.00 |

| REHABILITATION                                    |                         |                                            |          |
|---------------------------------------------------|-------------------------|--------------------------------------------|----------|
| MODALITIES                                        | PRICE                   | MODALITIES                                 | PRICE    |
| Ultrasound                                        | 400.00                  | Extracorporeal Shockwave therapy           | 300.00   |
| TENS (Transcutaneous Electrical Nerve Stimulator) | maximum of 2 modalities | Patient without modalities – Exercise only | 300.00   |
| Hot Moist Pack                                    | per session             |                                            |          |
| Traction                                          |                         | <b>ULTRASOUND</b>                          |          |
| Additional modality                               | 90.00                   | Musculoskeletal (MSK) Ultrasound           | 1,200.00 |

| HOSPITAL SERVICE FEES      |          |                             |          |
|----------------------------|----------|-----------------------------|----------|
| ROOM RATES                 | PRICE    | ROOM RATES                  | PRICE    |
| SERVICE WARD               |          | DELIVERY ROOM RATES         |          |
| WITH PHILHEALTH            | 400.00   | WITHOUT PHILHEALTH          |          |
| WITHOUT PHILHEALTH         | 200.00   | USE OF DELIVERY ROOM        | 200.00   |
| USE OF OXYGEN (per tank)   | 1,000.00 | USE OF NURSERY ROOM per day | 100.00   |
| USE OF NEBULIZER (per use) | 100.00   | USE OF INCUBATOR per day    | 300.00   |
| OPERATING ROOM             |          | WITH PHILHEALTH             |          |
| MAJOR                      | 2,000.00 | USE OF DELIVERY ROOM        | 1,000.00 |
| MINOR                      | 1,500.00 | USE OF NURSERY ROOM per day | 200.00   |
| WITHOUT PHILHEALTH         |          | USE OF INCUBATOR per day    | 400.00   |
| USE OF ANESTHESIA MACHINE  | 200.00   |                             |          |
| USE OF CARDIAC MONITOR     | 200.00   |                             |          |
| USE OF CAUTERY MACHINE     | 200.00   |                             |          |
| USE OF PULSE OXIMETER      | 100.00   |                             |          |
| WITH PHILHEALTH            |          |                             |          |
| USE OF ANESTHESIA MACHINE  | 250.00   |                             |          |
| USE OF CARDIAC MONITOR     | 200.00   |                             |          |
| USE OF CAUTERY MACHINE     | 200.00   |                             |          |
| USE OF PULSE OXIMETER      | 150.00   |                             |          |



| PHARMACY                                                         |          |                                              |          |
|------------------------------------------------------------------|----------|----------------------------------------------|----------|
| FLUIDS & ELECTROLYTES                                            | PRICE    | FLUIDS & ELECTROLYTES                        | PRICE    |
| D5 IMB 500cc                                                     | 95.00    | D10 Water 500cc                              | 69.00    |
|                                                                  | 107.00   | Mannitol 20% 500cc                           | 350.00   |
| D5 LR 500cc                                                      |          |                                              |          |
| LR 1L                                                            | 100.00   | Plain LR 500cc                               | 60.00    |
| D5 0.3 NaCl 500cc                                                | 95.00    | Plain LR 1L                                  | 71.00    |
| D5 0.3 NaCl 1L                                                   | 100.00   | Plain NSS 500cc (0.9% NaCl)                  | 62.00    |
| D5 0.9 NaCl 1L (D5 NSS 1L)                                       | 90.00    | Plain NSS 1L (0.9% NaCl)                     | 68.00    |
| D5 NM 500cc                                                      | 95.00    | Plain NSS 1L (0.9% NaCl) Sol'n for Irrigatio | 85.00    |
| D5 NM 1L                                                         | 100.00   | Plain NSS 50ML (0.9% NaCl)                   | 45.00    |
| D5 Water 500cc                                                   | 98.00    | Hydroxyethyl starch 6% soln for infusion 50  | 780.00   |
| D5 Water 1L                                                      | 100.00   |                                              |          |
| DRUGS & MEDICINES: ORALS                                         | PRICE    | DRUGS & MEDICINES: INJECTABLES               | PRICE    |
| Acetylcysteine 100mg sachet                                      | 9.00     | Amikacin Sulfate 125mg/ml 2ml (250mg/2m      | 74.00    |
| Acetylcysteine 600mg effervescent tab                            | 27.00    | Amino acid sol'n for infants 6% 100ml        | 492.00   |
| Aluminum Hydroxide+Magnesium Hydroxide 225mg+200mg/5ml Susp 60ml | 62.00    | Aminophylline 25mg/ml 10ml                   | 45.00    |
| Amlodipine besilate 5mg tab                                      | 4.00     | Amphotericin B 50mg non-lipid complex        | 3,300.00 |
| Amlodipine besilate 10mg tab                                     | 4.00     | Ampicillin 500mg                             | 54.00    |
| Amoxicillin drops 100mg/ml susp 15ml                             | 35.00    | Ampicillin + Sulbactam 750mg                 | 249.00   |
|                                                                  | 90.00    | Atracurium besylate 25mg/2.5ml               | 227.00   |
| Amoxicillin 250mg/5ml susp 60ml                                  |          |                                              |          |
| Amoxicillin 500mg cap                                            | 4.00     | Atropine Sulfate 1mg/ml 1ml                  | 112.00   |
| Ascorbic Acid drops 100mg/ml 15ml                                | 37.00    | ATS 1500IU/0.7ml                             | 135.00   |
| Ascorbic Acid 100mg/5ml syr 60ml                                 | 49.00    | Benzylpenicillin 1M IU                       | 22.00    |
| Ascorbic Acid 500mg blister pack tab                             | 2.00     | Betamethasone ointment 0.1% 5g               | 51.00    |
| Atorvastatin 10mg tab                                            | 9.00     | Budesonide 250mcg/ml 2ml                     | 63.00    |
| Atorvastatin 20mg tab                                            | 9.00     | Bupivacaine HCl 0.5% Heavy 4ml               | 900.00   |
| Atorvastatin 40mg tab                                            | 9.00     | Butorphanol 2mg/ml 1ml                       | 508.00   |
| Atorvastatin 80mg tab                                            | 20.00    | Carbetocin 100mcg/ml 1ml                     | 1,320.00 |
|                                                                  | 386.00   | Carboprost trometamol 125mcg/0.5ml 1ml       | 278.00   |
| Azithromycin 200mg/5ml susp 15ml                                 |          |                                              |          |
|                                                                  | 101.00   | Carboprost trometamol 250mcg/ml 1ml          | 500.00   |
| Azithromycin 500mg tab                                           |          |                                              |          |
| Betahistine 16mg tab                                             | 26.00    | Cefazolin 1g                                 | 232.00   |
| Betahistine 24mg tab                                             | 40.00    | Ceftazidime 1g                               | 210.00   |
| Bisacodyl 5mg tab                                                | 9.00     | Ceftriaxone 1g                               | 368.00   |
| Bisacodyl 10mg suppository                                       | 79.00    | Cefotaxime, 500mg                            | 698.00   |
| Budesonide + Formoterol 160mcg/4.5mcgx60 doses DPI               | 1,077.00 | Cefuroxime 750mg                             | 88.00    |
| Butamate Citrate 50mg tab                                        | 15.00    | Ciprofloxacin 2mg/ml, 100ml IV Solution for  | 280.00   |
|                                                                  |          |                                              |          |
| Calcium Carbonate + Cholecalciferol 600mg/400 IU tab             | 6.00     | Clindamycin 600mg/4ml                        | 330.00   |
| Captopril 25mg tab                                               | 2.00     | Clindamycin 300mg/2ml                        | 198.00   |

|                                              |        |                                            |                           |
|----------------------------------------------|--------|--------------------------------------------|---------------------------|
| Carvedilol 6.25mg tab                        | 5.00   | Clobetasol cream 0.05% 5g                  | 145.00                    |
| Carvedilol 25mg tab                          | 10.00  | Clonidine HCl 150mcg/ml 1ml                | 168.00                    |
| Cefalexin drops 100mg/ml 10ml                | 39.00  | D50% 50ml                                  | 78.00                     |
| Cefalexin 250mg/5ml susp 60ml                | 58.00  | Dexamethasone 4mg/ml 2ml                   | 69.00                     |
| Cefixime 20mg/ml susp 10ml                   | 204.00 | Digoxin 250mcg/ml 2ml                      | 200.00                    |
| Cefixime 100mg/5ml susp 60ml                 | 220.00 | Diphenhydramine HCl 50mg/ml 1ml            | 98.00                     |
| Cefuroxime 500mg tab                         | 22.00  | Dobutamine HCl 250mg/5ml                   | 150.00                    |
| Cefuroxime 500mg tab                         | 9.00   | Dopamine 40mg/ml 5ml (200mg/5ml)           | 147.00                    |
| Cetirizine drops 10mg/ml 10ml                | 70.00  | Enoxaparin Na 40mg/ml 0.4ml PFS            | 794.00                    |
| Cetirizine 5mg/5ml syr 30ml                  | 97.00  | Enoxaparin Na 60mg/ml 0.6ml PFS            | 778.00                    |
| Ciprofloxacin 500mg tab                      | 19.00  | Epinephrine HCl 1mg/ml 1ml                 | 29.00                     |
| Clarithromycin 125mg/5ml susp 50ml           | 220.00 | Furosemide 10mg/ml 2ml                     | 15.00                     |
| Clarithromycin 250mg/5ml susp 50ml           | 650.00 | Gentamicin Sulfate 40mg/ml 2ml             | 16.00                     |
| Clindamycin 75mg/5ml susp 60ml               | 389.00 | Heparin 1000 IU/ml 5ml Sol'n for Inj       | 130.00 / vial             |
| Clindamycin 300mg cap                        | 35.00  | Heparin 5000 IU/ml 5ml Sol'n for Inj       | 500.00 / vial             |
| Cilostazol 50mg tab                          | 12.00  | Hydralazine HCl 20mg/ml 1ml                | 125.00                    |
| Clonidine 75mcg tab                          | 52.00  | Hydrocortisone Na 100mg                    | 149.00                    |
| Cloxacillin 250mg/5ml susp 60ml              | 44.00  | Hydrocortisone Na 250mg                    | 240.00                    |
| Co-amoxiclav 625mg tab                       | 14.00  | Hyoscine N-butyl bromide 20mg/ml           | 57.00                     |
| Dicycloverine 10mg/5ml syr 60ml              | 67.00  | Insulin Biphasic Isophane Human 70/30 (Re  | 580.00                    |
| Digoxin 250mcg tab                           | 7.00   | Insulin Regular (Recombinant DNA, human)   | 470.00                    |
| Diphenhydramine HCl 50mg cap                 | 3.00   | Ipratropium Br + Salbutamol 500mcg+2.5m    | 26.00                     |
| Domperidone 10mg tab                         | 14.00  | Isoflurane 100ml                           | 30.00/mL or 2,495.00/vial |
| Doxycycline 100mg                            | 12.00  | Isoxsuprine HCl 10mg/2ml                   | 216.00                    |
| Dydrogesterone 10mg tab                      | 89.00  | Ketoconazole 2% 10g                        | 115.00                    |
| Eperisone HCl 50mg tab                       | 27.00  | Ketorolac trometamol 30mg/ml 1ml           | 27.00                     |
| Ferrous Sulfate 325mg tab                    | 2.00   | Levofloxacin 5mg/ml 100ml                  | 965.00                    |
| Ferrous Sulfate 44mg/5ml syrup 60ml          | 29.00  | Lidocaine HCl 2% 50ml                      | 61.00                     |
| Ferrous Sulfate 75mg/0.6ml drops 15ml        | 25.00  | Lidocaine HCl with Epinephrine 1:100,000 i | 35.00                     |
| Ferrous Sulfate + Folic Acid 60mg/400mcg tab | 3.00   | Magnesium Sulfate 250mg/ml 20ml            | 55.00                     |
| Finasteride 5mg tab                          | 11.00  | Methylephedrine maleate 200mcg/ml 1ml      | 89.00                     |
| Fluconazole 150mg cap                        | 235.00 | Methylprednisolone 40mg (Single Dose)      | 600.00                    |
| Fluconazole 50mg cap                         | 80.00  | Meropenem 500mg                            | 550.00                    |
| Fluconazole 200mg cap                        | 398.00 | Meropenem 1g                               | 850.00                    |
| Folic Acid 5mg cap                           | 5.00   | Metoclopramide HCl 5mg/ml 2ml              | 30.00                     |
| Furosemide 40mg tab                          | 6.00   | Metronidazole 500mg/100ml                  | 79.00                     |
| Gliclazide 30mg tab                          | 6.00   | Mupirocin Ointment 2% 5g                   | 135.00                    |
| Gliclazide 60mg tab                          | 11.00  | Naloxone 400mcg/ml 1ml                     | 272.00                    |
| Hyoscine-N-butylbromide 10mg tab             | 5.00   | Neostigmine 500mcg/ml 1ml                  | 124.00                    |
| Hydrochlorothiazide 25mg                     | 3.00   | Nicardipine HCl 10mg/10ml                  | 420.00                    |
| Ibuprofen 200mg tab                          | 3.00   | Omeprazole 40mg                            | 240.00                    |
| Ibuprofen 400mg tab                          | 3.00   | Oxacillin Na 500mg                         | 90.00                     |
| Irbesartan 150mg tablet                      | 9.00   | Oxytocin 10 IU/ml                          | 285.00                    |
| Irbesartan 300mg tablet                      | 8.00   | Paracetamol 10mg/ml 100ml                  | 200.00                    |
| Isoxsuprine HCl 10 mg Tablet                 | 15.00  | Paracetamol 300mg/2ml                      | 14.00                     |
| Lactulose 3.3g/5ml syr 120ml                 | 190.00 | Paracetamol 125mg suppository              | 55.00                     |
| Levofloxacin 500mg tab                       | 36.00  | Paracetamol 250mg suppository              | 49.00                     |
| Levofloxacin 750mg tab                       | 58.00  | Piperacillin + Tazobactam 2.25g            | 298.00                    |

|                              |       |                                 |                               |
|------------------------------|-------|---------------------------------|-------------------------------|
| Loratadine 10 mg Tablet      | 6.00  | Piperacillin + Tazobactam 4.5g  | 450.00                        |
| Losartan 50mg tab            | 4.00  | Potassium Chloride 2mEq/ml 20ml | 53.00                         |
| Losartan 100mg tab           | 6.00  | Propofol 10mg/ml 20ml           | 513.00                        |
| Mefenamic acid 500mg cap     | 8.00  | Ranitidine HCl 25mg/ml 2ml      | 26.00                         |
| Medroxyprogesterone 10mg tab | 82.00 | Rocuronium 10mg/ml 5ml          | 288.00                        |
| Metformin 500mg tab          | 12.00 | Salbutamol neb 1mg/ml, 2.5ml    | 12.00                         |
| Methyldopa 250mg             | 15.00 | Sevoflurane 250ml               | 50.00/mL or<br>10,995.00/vial |

|                                         |       |                                                              |                               |
|-----------------------------------------|-------|--------------------------------------------------------------|-------------------------------|
| Methylprednisolone 4mg tab              | 10.00 | Silver Sulfadiazine 1% Cream 25g                             | 120.00                        |
| oclopramide 10mg tab                    | 4.00  | Silver Sulfadiazine 1% 500g                                  | 930.00                        |
| Metoprolol 50mg tab                     | 3.00  | Sodium Bicarbonate 8.4% 1mEq/ml 50ml                         | 165.00                        |
| Metronidazole 500mg tab                 | 15.00 | Sterile Water for Injection 50ml                             | 56.00                         |
| Montelukast 10mg tab                    | 11.00 | Succinylcholine Chloride(Suxamethonium)                      | 2 587.00                      |
| Multivitamins per 1ml drops 15ml        | 58.00 | Terbutaline SO4 500mcg/ml 1ml                                | 98.00                         |
| Multivitamins for adult cap             | 4.00  | Tetanus Toxoid 40 IU/0.5ml                                   | 100.00                        |
| Nifedipine 10mg cap                     | 7.00  | Tramadol HCl 50mg/ml                                         | 34.00                         |
| Oral Rehydration Salts 5.575g sachet    | 5.00  | Tranexamic Acid 100mg/ml 5ml                                 | 100.00                        |
| Paracetamol 500mg tab                   | 2.00  | Vancomycin 1G                                                | 1,400.00                      |
| nisone 20 mg Tablet                     | 2.00  | Vancomycin 500mg                                             | 995.00                        |
| Potassium citrate 1080mg tab            | 11.00 | Vitamin B-Complex 3ml                                        | 35.00                         |
| Povidone-Iodine 1% oral antiseptic 60ml | 89.00 | Vit. K 10mg/ml (Phytomenadione)                              | 44.00                         |
| Propylthiouracil 50mg tab               | 13.00 |                                                              |                               |
| Propranolol 10mg tab                    | 6.00  | DRUGS & MEDICINES:<br>HEMODIALYSIS<br>MEDICINES, INJECTABLES | PRICE                         |
| Rosuvastatin 10mg tab                   | 8.00  | Amino Acid, Crystalline 7% 500ml                             | 920.00                        |
| Rosuvastatin 20mg tab                   | 12.00 | Epoetin Alfa 4000 IU/0.4ml PFS                               | 800.00                        |
| Sambong 500mg tab                       | 6.00  | Epoetin Beta 5000 IU/0.3ml PFS                               | 1,628.00                      |
| raline 50mg tab                         | 7.00  | Heparin 1000 IU/ml, 5ml Sol'n for Inj                        | 288.00                        |
| vastatin 20mg tab                       | 6.00  | Heparin 5000 IU/ml, 5ml Sol'n for Inj                        | 288.00/mL or<br>500.00/vial   |
| Simvastatin 40mg tab                    | 6.00  | Iron Sucrose 20mg/ml 5ml, HD                                 | 288.00                        |
| Sodium Bicarbonate 650mg tab            | 3.00  |                                                              |                               |
| Spironolactone 25mg tab                 | 21.00 | DRUGS & MEDICINES:<br>HEMODIALYSIS<br>MEDICINES, ORALS       | PRICE                         |
| Tamsulosin 400mcg tab                   | 18.00 | Calcium Carbonate 500mg tab                                  | 2.00                          |
| Telmisartan 40 mg Tablet                | 17.00 | Sevelamer Carbonate 800mg tab                                | 75.00                         |
| Thiamazole (Methimazole) 5mg tab        | 9.00  |                                                              |                               |
| Tramadol 50mg cap                       | 4.00  | REGULATED DRUGS                                              | PRICE                         |
| hexamic acid 500mg tab                  | 5.00  | Diazepam 5mg/ml 2ml                                          | 156.00                        |
| Trimetazidine 35mg tab                  | 8.00  | Ephedrine Sulfate 50mg/ml 1ml                                | 117.00                        |
| Ursodeoxycholic acid 250mg cap          | 38.00 | Fentanyl Citrate 50mcg/ml 2ml                                | 374.00                        |
| Valsartan 80mg tab                      | 11.00 | Ketamine HCl 50mg/ml 10ml                                    | 200.00/mL or<br>1,950.00/vial |
| Vitamin B-Complex tab                   | 11.00 | Midazolam 5mg/ml 1ml                                         | 157.00                        |
| Warfarin 2.5mg tab                      | 20.00 | Morphine Sulfate 10mg/ml 1ml                                 | 104.00                        |
| Warfarin 5mg tab                        | 29.00 | Nalbuphine HCl 10mg/ml 1ml                                   | 112.00                        |
| Zinc 27.5mg/ml drops 15ml               | 65.00 | Phenobarbital Na 130mg/ml                                    | 158.00                        |
| Zinc 55mg/5ml syr 60ml                  | 85.00 |                                                              |                               |

| CHEMOTHERAPEUTIC DRUGS :<br>INJECTABLES | PRICE     | CHEMOTHERAPEUTIC DRUGS :<br>ORALS         | PRICE  |
|-----------------------------------------|-----------|-------------------------------------------|--------|
| Carboplatin 10mg/ml 15ml*               | 3,000.00  | Capecitabine 500mg                        | 150.00 |
| Carboplatin 150mg/15ml                  | 853.00    | Ondansetron HCl dihydrate 8mg             | 212.00 |
| Calcium Folate 10mg/ml 5ml ( 50mg/5ml)  | 943.00    | Tamoxifen 20mg tab                        | 25.00  |
| Cisplatin 1mg/ml 50ml (50mg/50ml)       | 1,688.00  |                                           |        |
| Cyclophosphamide 1g                     | 1,125.00  | ANTIPSYCHOTIC DRUGS : ORALS               | PRICE  |
| Docetaxel 20mg/0.5ml (20mg/0.5ml)       | 7,100.00  | Biperiden 2mg tab                         | 19.00  |
| Docetaxel 40mg/ml 2ml (80mg/2ml)        | 14,480.00 | Clozapine 100mg tab                       | 8.00   |
|                                         | 2,000.00  | Escitalopram 10mg tab                     | 52.00  |
| Doxorubicin HCl 50mg                    |           |                                           |        |
| Doxorubicin 100mg (100mg/5ml)           | 570.00    | Lithium Carbonate 450mg tab               | 4.00   |
| Fluorouracil 50mg/ml 10ml (500mg/10ml)  | 236.00    | Olanzapine 10mg tab                       | 29.00  |
| Ondansetron 2mg/ml 4ml                  | 500.00    | Quetiapine 25mg tab                       | 17.00  |
| Oxaliplatin 2mg/ml (50mg/25ml, 30ml)    | 10,850.00 | Quetiapine 100mg tab                      | 138.00 |
| Oxaliplatin 2mg/ml (100mg/50ml, 50ml)   | 18,230.00 | Quetiapine 300mg tab                      | 43.00  |
| Rituximab 10mg/ml 50ml                  | 66,760.00 | Risperidone 2mg tab                       | 64.00  |
| Trastuzumab 150mg                       | 50,000.00 | Sodium Valproate + Valproic acid 500mg ta | 25.00  |
| Vincristine SO4 1mg/ml 2ml              | 912.00    |                                           |        |



| FEEDBACK AND COMPLAINT MECHANISMS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How to send feedback?             | <p>1. Fill out the “Sukatan ng Serbisyo” Form (<b>Annex “A”</b>) which may be obtained from the Public Assistance and Complaint Desks (PACD) located in the following areas:</p> <ul style="list-style-type: none"> <li>a. City Hall Building <ul style="list-style-type: none"> <li>• Taxpayer’s Lounge – located at the ground floor</li> <li>• 3<sup>rd</sup> floor lobby outside the Office of the Building Official</li> </ul> </li> <li>b. Gender Advocacy and Development Center <ul style="list-style-type: none"> <li>• Ground floor</li> </ul> </li> <li>c. Other locations <ul style="list-style-type: none"> <li>• City Hall Annexes <ul style="list-style-type: none"> <li>Annex I - Mayamot</li> <li>Annex II - Sitio Pinugay, Brgy. San Jose</li> <li>Annex III - City Mall of Antipolo (CMA)</li> <li>Annex IV - Sitio Buhanginan, Brgy. San Jose</li> </ul> </li> <li>• City Health Office - M. Santos St., Brgy. San Roque</li> <li>• Antipolo City Hospital System - Cabading</li> <li>• Antipolo City Hospital System - Mambugan</li> <li>• Rizal Provincial Hospital System – Annex I (Padilla)</li> <li>• Rizal Provincial Hospital System – Annex II (Dalig)</li> <li>• Emergency Operation Center - E. Rodriguez Ave. (Antipolo-Teresa Road), Brgy. San Jose</li> </ul> </li> </ul> |
| How feedback is processed?        | <p>1. At the end of the day, all accomplished “Sukatan ng Serbisyo” forms are submitted to the City Human Resources Management Office (CHRMO) for evaluation and subsequent Endorsement (<b>Annex “B”</b>) to concerned offices for their appropriate action.</p> <p>2. Furnish CHRMO a copy of the report on the concrete and specific action/s taken duly communicated with the complainant/caller.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| How to file complaints?           | <p>1. Report directly to the CHRMO for the Public Assistance and Complaint Desk (PACD) Officer to fill-out the PACD form (<b>Annex “C”</b>) that may cater to the applicable mode of receipt, as follows:</p> <ul style="list-style-type: none"> <li>a. Walk-in complaint</li> <li>b. Letter requests clients</li> <li>c. Phone-in clients (8-6894545)</li> <li>d. On-line clients (e-mail, FB, social media)</li> </ul> <p>for endorsement to concerned offices, for immediate and appropriate action</p> <p>2. Report to the office concerned the unsatisfactory services you obtained from their office. Provide the particulars of the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                   | <p>complaint for proper information and guidance of the Office Head in dealing with the concerned employee.</p> <p>3. Report to the City Mayor or the City Administrator/CHRMO the services you find intolerable. Letter of complaint may be sent to:</p> <p>Office of the City Mayor<br/>2<sup>nd</sup> floor, Antipolo City Hall Building<br/>Carigma cor. M. L. Quezon Sts.,<br/>Brgy. San Roque, Antipolo City</p> <p>4. Should you choose to send your complaint through electronic mail, you may send it to the following platforms:</p> <p>a. <a href="http://www.antipolo.ph">www.antipolo.ph</a><br/>b. <a href="https://www.facebook.com/antipolocitygovernment">www.facebook.com/antipolocitygovernment</a><br/>c. <a href="mailto:antipolocitygov@gmail.com">antipolocitygov@gmail.com</a></p>     |
| How complaints are processed?                                                     | <p>The Office of the Mayor through the Office of the City Administrator and/or CHRMO acts on complaints/provides resolutions thereto as follows:</p> <p>Simple complaints – within 7 days<br/>Complex complaints – within 14 days<br/>Highly technical complaints – within 20 days</p> <p>For complaints involving complex and/or highly technical matters, department/program office concerned conducts dialogue/conference with all parties involved pursuant to the guidelines set forth under RA 11032 and its IRR. The City Administrator and the CHRMO Head shall see to it that they (or their representative/s) are present in the dialogue/ conference.</p>                                                                                                                                           |
| Contact Information of ARTA, PCC, CSC CCC, 8888, DILG PACC, and LGU Antipolo City | <p>Anti-Red Tape Authority – 8478-5093;<br/><a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a></p> <p>Presidential Complaints Center – 8736-8629; 8736-8645; 8736-8621; <a href="mailto:pcc@malacanang.gov.ph">pcc@malacanang.gov.ph</a></p> <p>CSC Contact Center ng Bayan –<br/><a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p> <p>8888 Citizen's Complaint Center –<br/>8888; <a href="mailto:complaints@8888.gov.ph">complaints@8888.gov.ph</a></p> <p>DILG Public Assistance and Complaint Center – 8925-0343<br/><a href="mailto:dilgpacc2010@gmail.com">dilgpacc2010@gmail.com</a></p> <p>Office of the Mayor thru the Public Information Office – 8689-4500<br/>Office of the City Administrator – 8689-4517</p> <p>CHRMO – 8689-4545</p> |



## LIST OF OFFICES

| OFFICE                                                              | LOCATION                                                | CONTACT INFORMATION        | EMAIL ADDRESS                                                           |
|---------------------------------------------------------------------|---------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| Antipolo City Anti-Drug Abuse Office (ACADAO)                       | 1 <sup>st</sup> floor,GAD Center Building               | 8689-4588                  | acadaoantipolo@gmail.com                                                |
| Antipolo City Culture,Arts and Tourism Promotions Office (ANCCATPO) | 3 <sup>rd</sup> floor,Antipolo City Hall Annex Building | 8689-4567                  | antipolotourism@gmail.com                                               |
| Antipolo Institute of Technology (AiTECH)                           | 5 <sup>th</sup> floor,Antipolo City Hall Main Building  | 8689-4536<br>0968-860-3103 | afo.aitech@gmail.com<br>op@aitech.edu.ph<br>admin.finance@aitech.edu.ph |
| Business Permits and Licensing Office                               | 1 <sup>st</sup> floor,Antipolo City Hall Main Building  | 8689-4535<br>8689-4586     | bploantipolocity@gmail.com<br>bplo@antipolo.ph                          |
| City Accounting Office                                              | 4 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4521                  | cga_accountingdept1@yahoo.com                                           |
| City Administrator's Office                                         | 2 <sup>nd</sup> floor,Antipolo City Hall Main Building  | 8689-4517<br>8689-4525     | cityad.antipolo@gmail.com                                               |
| City Agriculture Office                                             | 4 <sup>th</sup> floor,Antipolo City Hall Main Building  | 8689-4579                  | fits_antipolo@yahoo.com                                                 |
| City Assessor's Office                                              | 3 <sup>rd</sup> floor,Antipolo City Hall Main Building  | 8689-4537<br>8689-4503     | cityassessor.antipolo@gmail.com                                         |
| City Budget Office                                                  | 4 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4548                  | antipolocitybudget@yahoo.com.ph                                         |
| City Cooperative and Livelihood Office                              | iMall<br>#138 M.L                                       | 8689-4516                  | cclo.gad@gmail.com                                                      |

|                                                             |                                                                |                        |                                                                                                |
|-------------------------------------------------------------|----------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------|
|                                                             | Quezon St.,Brgy. San Roque, Antipolo City                      |                        |                                                                                                |
| City Disaster Risk Reduction and Management Office (CDRRMO) | 3 <sup>rd</sup> floor,GAD Center Building                      | 8689-4577<br>8234-2676 | cdrrmoantipolocity1@gmail.com                                                                  |
| City Economic and Enterprise Office (CEEEO)                 | 6 <sup>th</sup> floor,Antipolo City Hall Annex Building        | 8689-4550<br>8689-4528 | ceeo.antipolocity@gmail.com<br>ceeo1961@gmail.com                                              |
| City Environment and Waste Management Office (CEWMO)        | 4 <sup>th</sup> floor,Antipolo City Hall Main Building         | 8689-4566              | cewmo.antipolo1@gmail.com<br>cewmo.antipolo@gmail.com                                          |
| City Civil Registrar's Office (OCCR)                        | 3 <sup>rd</sup> floor,Antipolo City Hall Main Building         | 8689-4562              | antipolo.lcr@gmail.com<br>lcr_antipolo@yahoo.com                                               |
| City General Service Office (GSO)                           | L.Sen.Memorial Circle Motorpool Compound Brgy. San Jose        | 8689-4587              | antipologso@gmail.com<br>Generalserviceoffice10@gmail.com<br>generalservicesoffice19@gmail.com |
| City Health Office (CHO)                                    | M.Santos St., Brgy.San Roque                                   | 8697-0362<br>8696-4097 | antipolo_cho2015@yahoo.com                                                                     |
| City Human Resources Development Office (CHRDO)             | 4 <sup>th</sup> floor,Antipolo City Hall Main Building         | 8689-4545<br>8689-4542 | hrmo_antipolo@yahoo.com                                                                        |
| City Legal Office                                           | 6 <sup>th</sup> floor,Antipolo City Hall Annex Building        | 8689-4509<br>8689-4510 | legaloffice.antipolocity@gmail.com                                                             |
| City Library                                                | #257 San Jose St. Antipolo                                     | 8689-4600              | antipolo874@gmail.com<br>agotdefuns@gmail.com                                                  |
| City Mall of Antipolo (CMA)                                 | (Alfelor) Olalia St,Cor NHA Ave, Brgy. Dela Paz, Antipolo City | 8250-5782<br>8632-0937 | citymallofantipolo@gmail.com                                                                   |



|                                                    |                                                                                                   |                                                  |                                                                                       |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------|
| City Peace and Order Concerns (CPOC) Task Force    | Emergency Operation Center,Sitio Parugan,Provincial Rd, Brgy,San Jose                             | 8734-2470<br>0921-844-0646                       | OPSSantipolo@gmail.com<br>cpoctf1111@gmail.com                                        |
| City Planning and Development Office (CPDO)        | 4 <sup>th</sup> floor,Antipolo City Hall Main Building                                            | 8689-4559                                        | cpdo.antipolo@gmail.com                                                               |
| City Procurement Service Office                    | 3 <sup>rd</sup> floor,Antipolo City Hall Annex Building                                           | 8689-4553                                        | city_procurement@yahoo.com<br>cityhall_procurement@yahoo.com                          |
| City Public Cemetery                               | Sto.Niño St. Brgy.San Jose Antipolo City                                                          | 8571-7827                                        | ceeo.antipolocity@gmail.com<br>dcmarinas_1528@yahoo.com<br>ceo.antipolocity@gmail.com |
| City Social Welfare and Development Office (CSWDO) | 2 <sup>nd</sup> floor,GAD Center Building                                                         | 8584-7758<br>8689-4582                           | socialwelfare.antipolo@gmail.com                                                      |
| City Treasurer's Office                            | 1 <sup>st</sup> floor,Antipolo City Hall Main Building                                            | 8689-4541<br>8689-4543<br>8689-4622<br>8689-4563 | treasurydeptantipolo@gmail.com<br>treasurer@antipolocitygov.com                       |
| City Veterinary Office                             | 1 <sup>st</sup> floor CVO, San Jose St. Corner Sumulong Memorial Circle, San Isidro Antipolo City | 8689-4514                                        | cityvetantipolo@gmail.com<br>myra_pitacio@yahoo.com                                   |
| Information Technology Development Office (ITDO)   | 5 <sup>th</sup> floor,Antipolo City Hall Main Building                                            | 8689-4530                                        | mis.antipolocity@gmail.com                                                            |
| ITDO Server Room                                   | 2 <sup>nd</sup> floor,Antipolo City Hall Main Building                                            | 8689-4519                                        | mis.antipolocity@gmail.com                                                            |
| Office of Public Safety and Security (OPSS)        | Provincial Road,Sitio Parugan,Barangay San Jose, Antipolo City                                    | 8734-2470                                        | opssantipolo@gmail.com<br>opss.antipolo@gmail.com                                     |

|                                                              |                                                         |                                     |                                                        |
|--------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------------------------------------|
|                                                              |                                                         |                                     |                                                        |
| Office of the Building Official (OBO)                        | 3 <sup>rd</sup> floor,Antipolo City Hall Main Building  | 8689-4554                           | obozaoantipolo@gmail.com                               |
| Office of the City Engineer                                  | 5 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4561                           | ceoantipolo.01@gmail.com                               |
| Office of the City Mayor                                     | 2 <sup>nd</sup> floor,Antipolo City Hall Annex Building | 8689-4593<br>8689-4571              | officeofthecitymayorsoffice@gmail.com                  |
| Mayor's Help desk                                            | 2 <sup>nd</sup> floor,Antipolo City Hall Annex Building | 8689-4578                           | socialwelfare.antipolo@gmail.com                       |
| Office of the Sangguniang Panlungsod Secretary               | 8 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4507                           | aiaobcena.brandedge@gmail.com<br>spsecoffice@gmail.com |
| Office of the Senior Citizen Affairs (OSCA)                  | 1 <sup>st</sup> floor,GAD Center Building               | 8689-4565                           | socialwelfare.antipolo@gmail.com                       |
| People's Law Enforcement Board (PLEB)                        | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8286-6170<br>8286-6173<br>8689-4501 | penrorizal@denr.gov.ph                                 |
| Persons with Disability Affairs Office (PDAO)                | 1 <sup>st</sup> floor,GAD Center Building               | 8689-4583                           | socialwelfare.antipolo@gmail.com                       |
| Public Employment Service Office (PESO)                      | 4 <sup>th</sup> floor,Antipolo City Hall Main Building  | 8689-4502                           | peso_antipolo2014@yahoo.com                            |
| Public Information Office (PIO)                              | 3 <sup>rd</sup> floor,Antipolo City Hall Annex Building | 8689-4532                           | antipolocitygov@gmail.com                              |
| PIO Information Desk                                         | 1 <sup>st</sup> floor,Antipolo City Hall Main Building  | 8689-4500                           |                                                        |
| Public Utility Vehicle Transport and Regulatory Board (PTRB) | 4 <sup>th</sup> floor,Antipolo City Hall Main Building  | 8689-4524                           | ptrb.antipolo@gmail.com                                |

|                                                |                                                         |                        |                                                                                           |
|------------------------------------------------|---------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------|
| Radio Communication / Base                     | Emergency Operation Center, Brgy. Dalig                 | 8689-4576              | jovenaguirre29@gmail.com                                                                  |
| Task Force Manila Bay                          | 4 <sup>th</sup> floor, Antipolo City Hall Main Building | 8689-4547              | cewmo.antipolo1@gmail.com<br>cewmo.antipolo@gmail.com<br>taskforce_manila_bay@antipolo.ph |
| Urban Settlement And Development Office (USDO) | 5 <sup>th</sup> floor, Antipolo City Hall Main Building | 8689-4506<br>8689-4505 | usdo_antipolocitygov@yahoo.com<br>usdoasm2013@gmail.com                                   |

| HOSPITAL                                   | LOCATION                                            | CONTACT INFORMATION                      | EMAIL ADDRESS                                                                      |
|--------------------------------------------|-----------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|
| Antipolo City Hospital System_ Cabading    | Sitio Cabading, Brgy. Inarawan                      | 8475-1876<br>8535-3849                   | cabadinghospital@gmail.com<br>achs_cabading@yahoo.com<br>admachscabading@gmail.com |
| Antipolo City Hospital System_ Mambugan    | 224 Sumulong Highway, Brgy. Mambugan                | 8687-1114<br>8687-1118<br>8292-6247 (ER) | achsmambugan@gmail.com                                                             |
| Rizal Provincial Hospital System_ Annex II | L. Sumulong Memorial Circle, Brgy. Dalig (Regalado) | 8941-8518<br>8997-9401                   | rphs.annexiichiefofhospital@gmail.com                                              |

| CITY HALL ANNEXES  | LOCATION                            | CONTACT INFORMATION            | EMAIL ADDRESS                                      |
|--------------------|-------------------------------------|--------------------------------|----------------------------------------------------|
| City Hall Annex I  | Sumulong Highway, Brgy. Mayamot     | 8647-9715<br>8708-9208         | antipoloannex1@gmail.com                           |
| City Hall Annex II | Sitio Pinugay, Brgy. San Jose       | 8650-8817<br>0948-553-0368     | babysarabia04@gmail.com<br>abrahamdungit@gmail.com |
| City Hall Annex IV | Tagbac Solid Cement, Brgy. San Jose | 0925-614-2915<br>0999-869-1250 | Emjayr.2014@gmail.com                              |

| GOVERNMENT OFFICIALS                                  | ADDRESS / OFFICE LOCATION                               | CONTACT INFORMATION |
|-------------------------------------------------------|---------------------------------------------------------|---------------------|
| <b>City Mayor:</b><br>Hon. Casimiro A. Ynares, M.D.   | 9 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4592           |
| <b>Vice Mayor:</b><br>Hon. Roberto Andres R. Puno,JR. | 8 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4538           |
| <b>COUNCILOR DISTRICT 1</b>                           |                                                         |                     |
| Hon. Robert R. Altamirano, SR.                        | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4560           |
| Hon. Jewel Anne G. Camacho                            | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4555           |
| Hon. Enrico C. De Guzman                              | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4552           |
| Hon. Juan Ponciano T. Lawis                           | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4556           |
| Hon. Agnes G. Oldan-Gratil                            | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4515           |
| Hon. John Robin G. Say                                | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4511           |
| Hon.Atty. Charmaine Jill C. Tapales                   | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4534           |
| Hon. Lemuel Marlowe G. Zapanta                        | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4539           |
| <b>COUNCILOR DISTRICT 2</b>                           |                                                         |                     |
| Hon. Christian Edward O. Alarcon                      | 6 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4596           |
| Hon. Josefina A. Garcia                               | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4526           |

|                                                                                                     |                                                         |                            |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------|
| Hon. James G. Gatlabayan                                                                            | 6 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4571                  |
| Hon. John Michael S. Leyva                                                                          | 6 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4513                  |
| Hon. Ronaldo L. Leyva                                                                               | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4556                  |
| Hon. Christian A. Masangkay,M.D                                                                     | 6 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4529                  |
| Hon. Lorenzo Juan Y. Sumulong,III                                                                   | 7 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4522                  |
| Hon. Irvin Paulo C. Tapales                                                                         | 6 <sup>th</sup> floor,Antipolo City Hall Annex Building | 8689-4508                  |
| <b>Liga ng mga Barangay:</b><br><br>Hon. Leandro S. Cabasbas<br>Punong Barangay, Brgy.<br>San Roque | Barangay Hall of San Roque                              | 0922-420-3099<br>8897-1759 |
| <b>SK Federation:</b><br><br>Hon. John Anthony Reodique                                             |                                                         |                            |
| <b>IPMR</b><br><br>Hon. Ernesto DR. Doroteo                                                         |                                                         |                            |

Control No. \_\_\_\_\_



**PARA SA PATULOY NA PAGPAPAHUSAY NG AMING SERBISYO  
(HELP US SERVE YOU BETTER!)**

Ang Sukatan ng Kasiyahan ng Kliyente ay sumusubaybay sa karanasan ng kliyente sa mga tanggapan ng pamahalaan. Ang iyong puna sa katatapos mo lamang na transaksyon, ay makatutulong sa tanggapanang ito na makapagbigay ng mas mahusay na serbisyo. Ang personal na impormasyon na ibinahagi ay pananatilihin kumpidensyal at ikaw ay laging may opsyon na huwag sagutin ang pormularyong ito. *(This Client Satisfaction Measurement (CSMJ) tracks the customer experience of government offices. Your feedback on your recently concluded transaction will help this office provide a better service. Personal information will be kept confidential and you always have the option to not answer this form.)*

Unang Kliyente: Mamamayan Negosyo Pamahalaan (Kawani o ibang ahensiya)  
(Client type) (Citizen) (Business) (Government Employee or another agency)

Petsa /Date: \_\_\_\_\_ Kasarian (Sex): Babae (Female) Lalaki /Male Edad (Age): \_\_\_\_\_

Sektor (Sector): Senior Citizen Buntis (Pregnant) May Kapansanan (Person with Disability) (PWD)  
Solo Parent abibilang sa Katutubong Grupo (Member of Indigenous Group) Wala sa Nabanggit (Others)

Rehiyon na pinaninirahan /Region of residence: \_\_\_\_\_

Kinailalang Serbisyo (Service Aailed). \_\_\_\_\_

**PANUTO (INSTRUCTIONS)** • Lagyan ng tsek ( ) ang iyong sagot sa Citizen's Charter (CC) na mga katanungan. Ang Citizen's Charter (o Gaday ng Mamamayan) ay isang opisyal na dokumenta na nagpapakita ng mga serbisyo ng isang ahensya/tanggapan ng pamahalaan kabilang ang mga kinakailangan, bayarin, at mga oras ng pagpoproseso bukod sa iba pa. *(Check mark ( ) your answer to the Citizen's Charter (CC) questions. The Citizen's Charter is an official document that reflects the services of a government agency/office including the requirements, fees, and processing times among others.)*

CC1 Alin sa mga sumusunod ang pinakamahusay na naglalarawan ng iyong kaalaman tungkol sa CC?  
*(Which of the following best describes your awareness of a CC?)*

- Alam ko kung ano ang CC at nakita ko ang CC ng tanggapanang ito.  
*(I know what a CC is and I saw this office's CC.)*
- Alam ko kung ano ang CC ngunit hindi ko nakita ang CC ng tanggapanang ito. (I know what a CC is but I did NOT see this office's CC.)
- Nalaman ko ang CC noon tamang na makita ko ang CC ng tanggapanang ito.  
*(I learned of the CC only when I saw this office's CC.)*
- Hindi ko alam kung ano ang CC at wala akong nakita sa tanggapanang ito. Sumagot ng 'N/A' sa CC2 at CC3  
*(I do not know what CC is and I did not see one in this office. (Answer 'N/A' on CC2 and CC3))*

CC2 Kung alam ang CC (sinagot ang 1-3 sa CC1), masasabi mo ba na ang CC ng tanggapanang ito ay...?  
*(If aware of CC (answered 1-3 in CC1), would you say that the CC of this office was...?)*

- Madaling makita (Easy to see)
- Nakikita naman (Somewhat easy to see)
- Mahirap makita (Difficult to see)
- Hindi talaga makita (Not visible at all)
- N/A

CC3 Kung alam ang CC (sinagot ang 1-3 sa CC1), gaano nakatulong sa iyo ang CC sa iyong transaksyon?  
*(If aware of CC (answered 1-3 in CC1), how much did the CC help you in your transaction?)*

- Nakatulong nang Malaki (Helped very much)
- Nakatulong naman (Somewhat helped)
- Hindi nakatulong (Did not help)
- N/A

I dgUfo (WS7Rtk?ON Para sa SQO 0-8, maglagay ng aek ( ) sa mga hanay na pinakamahasay na turraztugma sa  
 Iyong sagot. (For SQO 0-8, please put a check mark (✓) on the column that best corresponds to your answer.)

|      |                                                                                                                       |  |  |  |  |  | N/A |
|------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|
| SQO0 | Ako ay masiyahan sa serbisyo na aking kinuha.                                                                         |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | makatuwiran na darri ng oras sa akip transaksyon.                                                                     |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | kinakailar an para sa tramaksyms at mga hakbang batay sa irrgzorrosyong ibinigay.                                     |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | information provided.                                                                                                 |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
| SQO3 | Ang mga hakbang (habilang transaksyon) ay madali at payak.                                                            |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | payment I needed to do for my transaction                                                                             |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
| SQO4 | Madali kong natagpuan ang imporrasyon sa aking transaksyon na. Ila sa tanggapano sa eAsize nita.                      |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | ngbayarin para sa aking transaksyon. / o*msurrahm azrounf                                                             |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | tanggapan ay palas sa bawatisa sa panafuzn ng akfng Oansasyon.                                                        |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | ddas ay negatang ro pinakitunguhan ng mga taukan. at(ku hurXngl ng tulong) sila ayrtatulungln.                        |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | and ("If asked]örhelp) dee axzs tefpfuul.                                                                             |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |
|      | kai larigan mula sa ahensiyang itoo, (kung onanggthan) arig pagtanggt sa akfng kahiTingan ay naipaliwanag nang mabuö- |                                                                                   |                                                                                   |                                                                                     |                                                                                     |                                                                                     |     |

Mga rtindahi upang hiÖt pa narriir\*ng mapabuti aug arrfing mga swbisyo lhindi sapiiitan! / Suggesözns on /+om' \*ve con

Email address (hindi sapiTitan/optional): \_\_\_\_\_



Republika ng Pilipinas  
Lalawigan ng Rizal

**LUNGSOD ANTIPOLLO**  
*City Human Resource Management Office*



DATE:

\_\_\_\_\_

## INDORSEMENT

Respectfully forwarding to \_\_\_\_\_  
the attached Summary of Client Feedback Forms, dated \_\_\_\_\_  
concerning your office, which the City Human Resource Management Office has  
received through the Public Assistance and Complaints Desk (PACD).

For your perusal and appropriate action.

Thank you.

**DULCE AMOR L. BARCENA**  
*City Government Department Head I -CHRMO*  
Permanent Focal Person for Citizen's Complaint Hotline





Republic of the Philippines  
Province of Rizal  
**CITY OF ANTIPOLO**

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## Human Resource Management Office

### PUBLIC ASSISTANCE AND COMPLAINT DESK (PACD)

Reference No. \_\_\_\_\_

Date \_\_\_\_\_

#### 1. Receiving

Mode of Receipt

Walk In client

Letter request clients Nature of

Request

☐

Assistance

Complaint

Phone-in clients

On-line clients (e-mail, FB, social media)

Qu

ery

Co

m

me

nd

ati

on

☐  
☐

#### II. Client's Profile

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

III. Details of Assistance/Complaint/Query/Commendation (Please use another sheet if necessary)

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Remarks:

Referred to concerned Department/Office \_\_\_\_\_

Immediately acted upon

Action taken: \_\_\_\_\_

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PACD Officer: \_\_\_\_\_